

# Application Guide for individuals applying for registration with the College of Medical Radiation Technologists of Ontario (CMRTO) in the specialty of diagnostic medical sonography

January 1 – December 31, 2018



College of  
Medical Radiation  
Technologists of  
Ontario

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## Information about the application and registration process

The College of Medical Radiation Technologists of Ontario (CMRTO) welcomes your application for registration as a diagnostic medical sonographer (DMS).

**Effective January 1, 2019 you must hold a certificate of registration with the CMRTO in the specialty of diagnostic medical sonography to be legally authorized to practise in the specialty of diagnostic medical sonography in Ontario. If you are not registered by this date you will not be legally authorized to practise diagnostic medical sonography or apply soundwaves for diagnostic ultrasound in Ontario including the areas of practice of general, cardiac and vascular sonography.**

CMRTO is starting to regulate diagnostic medical sonographers commencing January 1, 2018. Individuals currently working in diagnostic medical sonography have one transitional year (January 1 – December 31, 2018) to apply for registration with the CMRTO. In order to be eligible for a certificate of registration, you must meet the requirements for registration, set out in the registration regulation made under the *Medical Radiation Technology Act (MRT Act)*.

The scope of practice of diagnostic medical sonography, as defined under the MRT Act, is the use of soundwaves for diagnostic ultrasound for the purpose of diagnostic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures.

Practice includes not only the delivery of clinical services, but also the functions of education, management, research and administration.

There is one specialty certificate for diagnostic medical sonography. The areas of practice within diagnostic medical sonography, general sonography, cardiac sonography or vascular sonography are considered areas of practice within the specialty of diagnostic medical sonography.

Further information about the application and registration process, and the forms that your supervisor and employer will need to complete, can be found in this application guide.

### Who can apply

Any individual who will be or who wishes to practice as a diagnostic medical sonographer in Ontario on January 1, 2019 and thereafter, can apply for registration with CMRTO. This application process applies to the following individuals:

- those who were working competently on December 31, 2017 or within the previous 3 years in diagnostic medical sonography in Ontario or in Canada

- current or resigned CMRTO members in another specialty, who were working competently on December 31, 2017 or within the previous 3 years in diagnostic medical sonography, in Ontario or in Canada
- those who have completed a CMRTO approved educational program AND a CMRTO approved examination in diagnostic medical sonography within the past 5 years
- those who have completed an educational program outside of Canada which is considered by the Registration Committee to be substantially similar, but not equivalent, to an Ontario program and a CMRTO approved examination in diagnostic medical sonography within the past 5 years

### Steps and timelines in the application and registration process

Below is an overview of the steps in the process and the suggested timelines that will be helpful for you as you complete your application.

The registration process can happen any time throughout 2018. The suggested timelines are a guide to ensure that all eligible individuals are able to be registered by December 31, 2018, and legally authorized to practice in the specialty of diagnostic medical sonography on January 1, 2019.

Step	Activity	Suggested timelines
1	Review the information about the application process and documents you will be required to provide	January – February 2018
2	Create your online profile by starting your online application and completing the ‘About Me’ section of the application in the CMRTO application portal. You can return at a later time to continue completing the rest of your application	January – February 2018
3	Collect all the required documents to support your application. Complete the Legislation Learning Package (jurisprudence course)	January – March 2018
4	Complete your application, upload all the required documents, pay the application fee and submit your application to CMRTO for assessment	January – July 2018
5	CMRTO reviews your application and notifies you whether your application is accepted or refused. If accepted, CMRTO advises you about any further registration requirements including the amount of the registration fee	1 - 4 months
6	Complete any remaining requirements to register including payment of the registration fee	October – December 8, 2018
7	CMRTO registers you and issues your certificate of registration. Your name and information will be posted on the public register	5 - 10 days
8	Inform your employer that you are legally authorized to practice the profession. Start using the protected title Diagnostic Medical Sonographer (DMS), and review your accountabilities as a regulated professional	October - December 2018

The first step is to create an online profile in the CMRTO application portal, gather the documents you need to support your online application, and complete and submit your application. The suggested timeframe to submit your application is between January and July 2018.

For your application to be complete, you are required to complete all steps in the online application process, provide all the required documentation and pay the application fee of \$113.00 (\$100.00 fee and \$13.00 HST) by Visa, Mastercard or Interac through the secure online service.

CMRTO is not able to start the review process on incomplete applications. If you do not have all the documents when you start your application online, you may begin the application process and return to complete it at a later time. Your application will not be processed until all the information is complete and you have paid the application fee.

You are encouraged to create your online profile in the CMRTO application portal in the 'About me' section as early as possible to provide your contact information. CMRTO will communicate with you by email only during the application process.

## **Registration requirements**

The registration requirements are set out in the registration regulation made under the MRT Act and can be found [here](#). The application form prompts you to provide all the documents required to demonstrate that you meet the requirements for registration. When you have submitted your complete application, CMRTO will review it and determine whether or not you meet all the requirements for registration as set out in the registration regulation.

Due to the large volume of applications CMRTO expects to receive, it may take between 1 to 4 months to process your application. It is advisable that you **submit your application by July 2018**, so that there is sufficient time for the CMRTO to review your application, determine whether you are eligible for registration, and if so, whether you have to complete additional requirements before you can become registered. If you are not registered with CMRTO by January 1, 2019 you will not be legally authorized to practise as a diagnostic medical sonographer, or apply soundwaves for diagnostic ultrasound, in Ontario.

It is your responsibility to ensure that you submit your application including the required documentation, pay the required fees and complete any further registration requirements within these timelines.

**If you are applying based on your work experience (grandparenting provision), the online application and payment of the application fee must be submitted no later than December 31, 2018.**

When you are ready to start your application click on the ‘**Sonography Application**’ link on the CMRTO website at [www.cmrto.org](http://www.cmrto.org)

## Required documents

You will be prompted to upload the documents listed below:

- Proof of successful completion of one of the CMRTO approved educational programs in Ontario or Canada (see further information on the approved programs on page 8 of this guide) - **if completed and available**
- Proof of successful completion of one or more of the CMRTO approved examinations (see further information on approved examinations on page 10 of this guide) - **if completed and available**
- Employment Verification Form signed by your employer or manager (included in this guide as Appendix A) – **Required if employed within the scope of practice of diagnostic medical sonography**
- Competence Verification Form signed by your clinical supervisor (included in this guide as Appendix B) – **Required if employed within the scope of practice of diagnostic medical sonography**
- Proof of name, date of birth, and residence can be provided using one of the following documents: your Canadian birth certificate, proof of Canadian citizenship, certificate of landing or permanent resident card, work permit or valid Canadian passport - **Required**
- Name change: if the name on any of your documents is different from your current name, you must provide proof of a name change – **Required if applicable**

## Fees

There are two fees for this process – the application fee and the registration fee.

The application fee is a one-time fee of \$113.00 (\$100.00 fee, \$13.00 HST) and is paid at the time you submit your application.

The registration fee is the final step to become registered, if your application meets all the requirements set out in the registration regulation. It is an annual fee of \$531.10 (\$470.00 fee, \$61.10 HST). The annual registration fee is due on a member’s birthday each year. Members who are registered in more than one specialty pay one annual fee.

When you first become registered, the registration fee is prorated from the date you become registered to your birthday. For example, if your birthday is in April and you become registered in November 2018, you would pay \$221.29 (\$195.83 fee, \$25.46 HST) for the 6-month period November 2018 – April 2019, and then the annual fee in April 2019, for the period to April 2020. You can use the [fee calculator tool](#) on the website to find your registration fee.

The fees are set by the CMRTO Council in the CMRTO by-laws and are non-refundable.

## CMRTO online application portal

To start your online sonography application, click on the link on the CMRTO website at [www.cmrto.org](http://www.cmrto.org). This is also how you will access your application when you return to complete it later.



It is recommended that you use a computer, with a printer and scanner, to complete your online application rather than a mobile device. It is also recommended that you use Google Chrome as your browser when completing your online application.

You will be prompted to do the following:

- enter your email address and create a password
- review and accept the Terms and Conditions of use of the site
- set up your online profile
- click the “Apply for Registration” button

## Navigation through the application

- the steps in the application process are all listed on the left-hand side of the page
- click on each step and review and complete the appropriate information
- you can move between steps in the process
- clicking the “Next” button on the bottom of each page will save your responses
- check marks indicate that you have completed a step
- you may start the process, leave and return at a later time(s) to complete the application
- when you return to update further information you will access your application form by clicking on the sonography application link
- you must complete all the steps and submit the application before paying your application fee
- you must complete the entire application and pay the application fee before CMRTO is able to review your application to determine if you are eligible for registration

## About Me

The “About Me” page will be populated with the information that you entered when you created your online profile.

Review the information to verify its accuracy, make any necessary changes and click the “Next” button to save the information and move to the next step.

## Employment verification

You must provide evidence of your employment if you are, or have been, engaged in practice in Canada within the scope of practice of the specialty of diagnostic medical sonography.

**The scope of practice of the specialty is the use of soundwaves for diagnostic ultrasound for the purpose of diagnostic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures.**

Practice includes not only the delivery of clinical services, but also the functions of education, management, research and administration.

You will need to select the response that best applies to your situation, from the following:

I confirm that I was engaged in practice in Canada within the scope of practice of the specialty of diagnostic medical sonography

- on December 31, 2017, or
- for at least 400 hours in 2017, or
- for at least 1200 hours in the three years before January 1, 2018

If none of the above apply, select the best response below:

- I have not engaged in practice in the last 3 years, but I have engaged in practice in Canada within the scope of practice of the specialty of diagnostic medical sonography in the last 5 years
- I graduated from an approved educational program in diagnostic medical sonography in the last 5 years
- I have been engaged in practice outside of Canada within the scope of practice of the specialty of diagnostic medical sonography in the last 5 years
- I have not been engaged in practice within the scope of practice within the last 5 years

You will be required to enter information on each place of practice where you have practiced in the last 5 years.



To validate this information your employer(s) for each place of practice in the last 5 years must complete the **Employment Verification Form**, which is attached to this guide as Appendix A. This form must be signed by your employer(s) to provide evidence of your practice. Once your form is complete upload it in the space at the bottom of the page. You may upload more than one form if you have practised at more than one employer. The form can also be found [here](#) for printing and completion.

Click the “Next” button to move to the next step.

## Competence verification

You must provide evidence of your competent practice in diagnostic medical sonography if you have been engaged in practice within the scope of practice of the specialty of diagnostic medical sonography.

To provide this evidence your clinical supervisor must sign the **Competence Verification Form** attached to this guide as Appendix B. The form can also be found [here](#) for printing and completion.

The practice of diagnostic medical sonography includes not only the delivery of clinical services, but also the functions of education, management, research and administration. If you are engaged in a function other than the delivery of clinical services to patients, for example, you are a manager or educator, use the **Certificate respecting non-clinical practice in diagnostic medical sonography** form found [here](#).

You must sign the form in the validation of applicant section to state that the information you have provided is true and you must have your last or current clinical supervisor sign the validation of supervisor section. Your clinical supervisor should be someone who has supervised your practice on a daily basis, either another sonographer who supervises your practice in the specialty of diagnostic medical sonography, a radiologist, cardiologist, or other reporting physician, or your manager.

You must upload the completed form(s) signed by your clinical supervisor to provide evidence of your competent practice in the space at the bottom of the page. You may upload more than one form if you have practised at more than one employer.

Click the “Next” button to move to the next step.

## Educational program in diagnostic medical sonography

You will complete a series of three questions asking whether you have successfully completed a CMRTO approved educational program in diagnostic medical sonography in Ontario or Canada, or whether you have successfully completed a program outside of Canada. If you respond “Yes” to any of the questions you will be able to add information about the program you completed by clicking the “Add” button.

### Approved educational programs in Ontario

The CMRTO approved programs in diagnostic medical sonography in Ontario are:

- Algonquin College of Applied Arts and Technology (General Sonography), Ottawa, Ontario
- BizTech College of Health Sciences, Business and Technology (Cardiac Sonography), Mississauga, Ontario
- BizTech College of Health Sciences, Business and Technology (Vascular Sonography), Mississauga, Ontario
- Cambrian College of Applied Arts and Technology (General Sonography), Sudbury, Ontario
- Canadian National Institute of Health (General Sonography), Ottawa, Ontario
- Collège Boréal d’arts appliqués et de technologie (Échographie générale), Sudbury, Ontario
- Mohawk College of Applied Arts and Technology (Diagnostic Cardiac Sonography), Hamilton, Ontario
- Mohawk College of Applied Arts and Technology/McMaster University - Collaborative Advanced Diploma - Bachelor of Medical Radiation Sciences Program - Ultrasound Specialization (General Sonography), Hamilton, Ontario
- St. Clair College of Applied Arts and Technology (General Sonography), Windsor, Ontario
- The Michener Institute of Education at University Health Network (General Sonography), Toronto, Ontario

If you have successfully completed any of the programs listed, select “Yes”, you will see an “Add” button appear. Use the lookup feature to select the program you have completed from the list and complete the rest of the information.

If you successfully completed one of the CMRTO approved programs, you must provide confirmation by uploading one of the following in the space at the bottom of the page:

1. a copy of your original Degree, Diploma or Certificate, or
2. a copy of your transcript of marks, or
3. request the Program Director of your program to email confirmation that you have successfully completed the program directly to [registration@cmrto.org](mailto:registration@cmrto.org).

## Approved educational programs in Canada

The CMRTO approved programs in diagnostic medical sonography in Canada are:

- Northern Alberta Institute of Technology (Generalist and Cardiac Sonography), Edmonton, Alberta
- Southern Alberta Institute of Technology (Generalist and Cardiac Sonography), Calgary, Alberta
- British Columbia Institute of Technology (General and Cardiac Sonography), Burnaby, British Columbia
- Red River College (Cardiac sonography), Winnipeg, Manitoba
- Red River College (General Sonography), Winnipeg, Manitoba
- College of the North Atlantic, Prince Philip Drive Campus (General Sonography), St. John's, Newfoundland
- Queen Elizabeth II/Dalhousie School of Health Sciences - Diploma and Degree Options (General, Cardiac and Vascular Sonography), Halifax, Nova Scotia

If you have successfully completed any of the programs listed, select “Yes”, you will see an “Add” button appear. Use the lookup feature to select the program you have completed from the list and complete the rest of the information.

If you successfully completed one of the CMRTO approved programs, you must provide confirmation by uploading one of the following in the space at the bottom of the page:

1. a copy of your original Degree, Diploma or Certificate, or
2. a copy of your transcript of marks, or
3. request the Program Director of your program to email confirmation that you have successfully completed the program directly to [registration@cmrto.org](mailto:registration@cmrto.org).

## Educational programs outside Canada

If you have successfully completed an entry to practice educational program in diagnostic medical sonography program outside Canada, you will answer “Yes” to the question in this section. The Registration Committee will assess your program to determine whether it meets the registration requirement of being substantially similar, but not equivalent, to an Ontario program.

If you answer “Yes” you will need to provide details of the program you completed, including the name of the program and the name and address of the university or college where you completed the program.

If you completed an educational program outside of Canada, you must provide confirmation by uploading all the following in the space at the bottom of the page:

1. a copy of your Degree, Diploma or Certificate

2. a copy of your transcript of marks
3. a detailed copy of your curriculum, course outline or syllabus

Please note that if any of your documents are in a different name, you will need to upload proof of name change at a later stage in the application process. If you have not completed an educational program in diagnostic medical sonography, you can select 'No' and move on to the next step in the application process by clicking the 'Next' button.

Click the "Next" button to move to the next step.

## **Approved examinations in diagnostic medical sonography**

The CMRTO approved examinations in diagnostic medical sonography are:

- Sonography Canada - Generalist Sonographer
- Sonography Canada - Cardiac Sonographer
- Sonography Canada - Vascular Sonographer

If you have successfully completed any of the approved examinations, answer "Yes" and select the examination(s) you have completed from the list. You can select all that apply.

The CMRTO has also approved the American Registry for Diagnostic Medical Sonography (ARDMS) examinations, in the areas of practice of general, cardiac and/or vascular sonography for a limited period from January 1 to December 31, 2018, as follows:

- Sonography principles and instrumentation
- Abdomen (AB)
- Breast (BR)
- Fetal echocardiography (FE)
- Obstetrics and gynecology (OB/GN)
- Paediatric sonography (PS)
- Musculoskeletal sonographer (MSK)
- Adult echocardiography (AE)
- Fetal echocardiography (FE)
- Paediatric echocardiography (PE)
- Vascular technology (VT)

You must provide evidence of the successful completion of each examination by uploading a copy of your notification of examination results letter or transcript in the space at the bottom of the page.

Please note that if any of your documents are in a different name, you will need to upload proof of name change at a later stage in the application process.

Click the "Next" button to move to the next step.

If you have not completed a CMRTO approved examination, you can select “No” and move on to the next step in the application process by clicking the “Next” button.

## **Registrations in other jurisdictions**

You will be asked whether you are currently registered to practise as a diagnostic medical sonographer and/or medical radiation technologist in another province in Canada, a USA state or another country and, if you are, to provide details about your registration in other jurisdictions.

If you answer “Yes”, click on the “Add” button and complete the information. You can upload a copy of your license or registration card in the space at the bottom of the page.

Click the “Next” button to move to the next step.

If you are not registered to practice in another jurisdiction select “No” and click the “Next” button.

## **Declaration of conduct**

The CMRTO registration regulation has a number of requirements regarding the past and present conduct of the applicant. Your past and present conduct must afford reasonable grounds for the belief that you:

- 1) will practise the profession with decency, honesty and integrity, and in accordance with the law,
- 2) do not have any physical or mental condition or disorder that could affect your ability to practise the profession in a safe manner, and
- 3) will display an appropriate professional attitude.

You will be required to answer the questions in this section by indicating the true answer. Knowingly giving a false answer to any question is grounds for refusal of the application by the Registration Committee and is an offence under s. 92 of the Health Professions Procedural Code (Schedule 2 of the *Regulated Health Professions Act, 1991*). Any false or misleading statement, representation or declaration in or in connection with your application, by commission or omission, is cause for revocation of any certificate of registration that may be issued to you by the CMRTO.

If you answer “Yes” to any of the questions, you must provide a detailed explanation in the space provided in the online page and upload all relevant documents in your possession. If you do not have these documents at the time you submit your application online, you will need to email them to [registration@cmrto.org](mailto:registration@cmrto.org) . If you answer “No” to any of the questions at the time of application, but the circumstances change before you are issued a certificate of registration, you must immediately inform the CMRTO of the change of circumstances.

The questions you are required to answer are as follows:

- a) Have you been found guilty of a criminal offence or of any offence related to the regulation of the practice of the profession?

An offence is a breach of law that is prosecuted in a court. This includes all findings or admissions of guilt, including but not limited to offences under the Criminal Code, the Health Insurance Act and other federal and provincial laws. You are required to report all findings or admissions of guilt, including those made in other jurisdictions and those for which you may have received a pardon.

- b) Are you the subject of a current investigation involving an allegation of professional misconduct, incompetency or incapacity in Ontario in relation to another health profession, or in another jurisdiction in relation to the profession or another health profession?
- c) Have you been the subject of a finding of professional misconduct, incompetency or incapacity in relation to the profession or another health profession, either in Ontario or in another jurisdiction?
- d) Are you currently the subject of a proceeding involving an allegation of professional misconduct, incompetency or incapacity in relation to the profession or another health profession, either in Ontario or in another jurisdiction?
- e) Has a finding of professional negligence or malpractice been made against you?
- f) Do you have any physical or mental condition or disorder that could affect your ability to practise the profession in a safe manner?

**Note:** If you answer “Yes” to question f), you must provide a detailed explanation and arrange for your treating physician(s) and/or other health professional(s) to send directly to the CMRTO at [registration@cmrto.org](mailto:registration@cmrto.org) a report on your condition or disorder setting out your diagnosis, course of treatment, current health and prognosis. Where appropriate, this report should indicate any accommodation(s) that your physician and/or health professional believes is necessary in order for you to practise in a safe manner.

- g) Is there any event, circumstance, condition or matter not disclosed in your answers to the preceding questions in respect of your character, conduct, competence or capacity that is relevant to the requirement set out above regarding your past and present conduct (refer to paragraphs 1, 2, and 3 above)?

If you answer “Yes” to any of these questions, you must provide additional information in the space provided on the page and upload any supporting documents.

Click the “Next” button to move to the next step.

## Language fluency

The CMRTO registration regulation requires that applicants be able to speak and write English or French with reasonable fluency.

You will be required to answer the questions below:

- a) Are you able to speak and write reasonably fluently in English so that you can offer professional services to patients in that language?
- b) Are you able to speak and write reasonably fluently in French so that you can offer professional services to patients in that language?
- c) Would you prefer to receive documentation and services from the College in English or French?

If you answered “No” to both questions a) and b) above, you must provide a detailed explanation in the space provided on which languages you speak and whether you intend to provide professional services in English or French.

Click the “Next” button to move to the next step.

## Proof of name, date of birth, and residence

The CMRTO registration regulation requires that an applicant be a Canadian citizen, OR a permanent resident, OR authorized under the *Immigration and Refugee Protection Act (Canada)*, to engage in the practice of the profession.

You must upload a copy of your birth certificate if you were born in Canada, proof of your Canadian citizenship, a copy of your valid Canadian passport photo page, a copy of your certificate of landing or permanent resident card, or a copy of your work permit in the space provided on the page.

The CMRTO will use this documentation as evidence of your legal name and date of birth.

This is also where you need to upload your proof of a name change if any of the documents you have provided in the other sections are in a different name.

Click the “Next” button to move to the next step.

## **Jurisprudence course**

You are required to successfully complete a course in jurisprudence set or approved by the College. For this purpose, you must complete the CMRTO Legislation Learning Package and review the appropriate statutes, regulations, policies and guidelines which relate to the practice of the profession generally and to the specialty of diagnostic medical sonography.

The jurisprudence course is available at [www.cmрто.org](http://www.cmрто.org) under Resources in the [Jurisprudence course](#) section.

Once you have completed the CMRTO Legislation Learning Package, print, sign, date and complete the Certificate of Completion and upload it to the space provided on the page.

Click the “Next” button to move to the next step.

## **Review application summary**

The next step in the online application process is to review all the information you have provided in your application to check that the information is accurate and that your application is complete. You may wish to take this opportunity to review and have a paper record of the information you have provided, by printing this page.

Once you have submitted your application for registration, you cannot change the information provided. You can access your completed application in the “My applications” section of your CMRTO profile.

When you are sure your application is complete and the information is accurate, click the “Submit” button to submit your application to the CMRTO and pay your application fee.

## **Declarations and signature**

You will be required to check all the boxes on the page for the questions below, for the purposes of agreeing to the following declarations. You will also be required to check the box next to your name for the purposes of dating and signing your application for registration.

- I certify that all the information in this application and related documents is true.
- I acknowledge and understand that any false or misleading statement, representation or declaration in or in connection with my application, by commission or omission, is cause for revocation of any certificate of registration that may be issued to me by the College of Medical Radiation Technologists of Ontario.
- I also acknowledge and understand that the College of Medical Radiation Technologists of Ontario collects, uses and discloses personal information about me for regulatory



purposes in accordance with the *Regulated Health Professions Act, 1991* and the *Medical Radiation Technology Act, 1991* and for the purposes described in the CMRTO's Privacy Code, including for the purpose of human resource planning and demographic, research and other studies.

- I authorize the College of Medical Radiation Technologists of Ontario to contact any authority, institution, association, body or person in any jurisdiction to verify the statements in my application and related documents and authorize any such authority, institution, association, body or person to release to the College any information relevant to the information set out in this application and related documents.

Click the "Submit Application" button to submit your application for registration.

### **Pay application fee**

You can pay the application fee online by credit card or Interac payment. The application fee is a one-time fee of \$113.00 (\$100.00 fee, \$13.00 HST) and is non-refundable. Click "Process Payment" to pay your fee.

Secure payment processing is through E-xact Transactions Ltd. Information for this transaction is encrypted and exchanged with a secure server.

Secure Payment provided by [E-xact Transactions Ltd.](#)



The receipt for your application fee will be available in the "My Receipts" section of your CMRTO profile.

### **Confirmation of receipt of application**

You will receive an email confirming receipt of your application, which will contain an application number. You will be able to check on the status of your application in the "My Applications" section.

CMRTO will review your application and determine whether or not you meet all the requirements for registration as set out in the registration regulation. If more information is required, or if your application is referred to the Registration Committee for review, the CMRTO will notify you by email. Due to the large number of applications expected, the review process may take between 3-4 months to complete.

You will receive emails from CMRTO regarding your application. We will also send you emails to provide you with additional information about the regulation of diagnostic medical sonography and the CMRTO.

## **Registration process**

CMRTO will notify you if, and when you can complete the registration process. When you complete the registration process CMRTO will register you and your name and information will be posted on the [public register](#) on the CMRTO website. You can then inform your employer that you are legally authorized to practice as a diagnostic medical sonographer and you can start using the protected title 'Diagnostic Medical Sonographer' and the abbreviation DMS.



# Employment Verification Form

**Application for certificate of registration in the specialty of diagnostic medical sonography**

## Section 1

*To be completed by the applicant. . Please complete a separate form for each of your place of employment within the last five years.*

Name of Applicant: \_\_\_\_\_

Email address of Applicant: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

\_\_\_\_\_

## Section 2

*To be completed and signed by the applicant's employer or manager.*

The above-named individual has applied to the College of Medical Radiation Technologists of Ontario (CMRTO) to be registered in the specialty of diagnostic medical sonography.

To assist the Registrar of the CMRTO in determining whether the applicant meets the requirements prescribed by the registration regulation, please answer the questions set out below, taking into account the definition of the practice of the specialty of diagnostic medical sonography as follows:

The scope of practice of the specialty of diagnostic medical sonography is the use of soundwaves for diagnostic ultrasound for the purpose of diagnostic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures.

Practice includes not only the delivery of clinical services, but also the functions of education, management, research and administration.

1) Is the applicant currently employed by the employer listed in section 1 within the scope of practice of the specialty of diagnostic medical sonography?

Yes  No

2) Provide the dates of employment of the applicant within the scope of practice of the specialty of diagnostic medical sonography

From: \_\_\_\_\_ To: \_\_\_\_\_  
*Date (dd/mm/yyyy)* *Date (dd/mm/yyyy)*

3) Was the applicant employed by the employer listed in section 1 within the scope of practice of the specialty of diagnostic medical sonography on December 31, 2017?

Yes  No

4) Complete this question only if you answered 'No' to question 3.

(a) Has the applicant been engaged in the practice within the scope of practice of the specialty of diagnostic medical sonography for at least 400 hours in 2017?

Yes  No

(b) How many hours has the applicant been engaged in practice within the scope of practice of the specialty of diagnostic medical sonography in 2017?

Number of hours: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
*Date (dd/mm/yyyy)* *Date (dd/mm/yyyy)*

5) Complete this question only if you answered 'No' to questions 3 and 4.

(a) Has the applicant been engaged in the practice within the scope of practice of the specialty of diagnostic medical sonography for at least 1200 hours in the three years before January 1, 2018

Yes  No

(b) How many hours has the applicant been engaged in practice within the scope of practice of the specialty of diagnostic medical sonography in the three years before January 1, 2018?

No. of hours: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
*Date (dd/mm/yyyy)* *Date (dd/mm/yyyy)*

6) Complete this question if you answered "Yes" to either question 4 or 5.

Was the applicant practising the specialty of diagnostic medical sonography in Canada for the entire period of time referred to in your answer to question 4(b) or 5(b)?

Yes  No

7) Please describe in full the applicant's duties and responsibilities as your employee or attach the applicant's job description.

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I hereby certify that the information provided in this form is accurate, and acknowledge that the College of Medical Radiation Technologists of Ontario will be relying on this information in considering the application for registration of the above-named applicant.

I hereby certify that I am/was the applicant's employer or manager.

\_\_\_\_\_  
*Supervisor Name*

\_\_\_\_\_  
*Supervisor Title*

\_\_\_\_\_  
*Telephone of supervisor*

\_\_\_\_\_  
*Email of supervisor*

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\_\_\_\_\_  
*Name and address of facility*

**Instructions to applicant:** When complete, upload this form to the Employment Verification section of your online application. Retain the original form in the event the CMRTO requests to review the form. Do not mail or fax the form to the CMRTO unless requested.



# Competence Verification Form

## Application for certificate of registration in the specialty of diagnostic medical sonography

### Section 1

*To be completed by the applicant. Please complete a separate form for each of your place of employment within the last five years.*

Name of Applicant: \_\_\_\_\_

Email address of Applicant: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

### Section 2

*To be completed and signed by the applicant and the applicant's clinical supervisor.*

The above-named individual has applied to the College of Medical Radiation Technologists of Ontario (CMRTO) to be registered in the specialty of diagnostic medical sonography.

To assist the Registrar of the CMRTO in determining whether the applicant meets the requirements prescribed by the registration regulation, please answer the questions set out below, taking into account the definition of the practice of the specialty of diagnostic medical sonography as follows:

The scope of practice of the specialty of diagnostic medical sonography is the use of soundwaves for diagnostic ultrasound for the purpose of diagnostic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures.

Practice includes not only the delivery of clinical services, but also the functions of education, management, research and administration.

Areas of Practice	Procedures	Date last performed	Frequency that procedure was performed:		
			Less than once per month	1-20 times per month	over 20 times per month
General	Obstetrics				
	Female pelvis				
	Male pelvis				
	Abdomen/retroperitoneum				
	Chest (excludes cardiac)				
	Breast				
	Thyroid/neck/parathyroid				
	Scrotum/testicles/penis				
	Superficial (soft tissue) structures				
	Shoulder				
	Elbow				
	Wrist				
	Hand/fingers				
	Hip				
	Knee				
	Ankle				
Foot/toes					
Vascular	Extracranial arteries (carotid/vertebral/subclavian arteries)				
	Upper extremity peripheral veins (for DVT)				
	Lower extremity peripheral veins (for DVT)				
	Abdominal vasculature (arterial and venous studies)				
	Upper extremity (arterial and venous studies)				
	Lower extremity (arterial and venous studies)				
	Photoplethysmography				
	Arterial pressure testing				
Vascular exercise testing					
Cardiac	Paediatric heart				
	Adult heart				
	Stress echocardiography				
Other	Infection control procedures				
	Transducer cleaning and reprocessing procedures				
	Equipment quality control				
	Insertion of transvaginal transducer				
	Insertion of transrectal transducer				
	Administer contrast media by injection				

### **Applicant's validation of competence**

- I hereby certify that I have been trained to perform, am competent to perform and performed in my employment the specific procedures set out above, within the time frame indicated
- I give permission to the CMRTO to contact any authority or association in any jurisdiction to verify the above statements

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date (dd/mm/yyyy)*

### **Supervisor's validation of applicant's competence**

\_\_\_\_\_  
*Supervisor Name*

\_\_\_\_\_  
*Supervisor Title*

\_\_\_\_\_  
*Telephone of supervisor*

\_\_\_\_\_  
*Email of supervisor*

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Name and address of facility*

- I hereby certify that the applicant has competently performed all of the specific procedures listed above, that all the information contained in the above list of procedures and certificate is true and correct
- I am/was the direct clinical supervisor of the applicant.
- I hereby acknowledge that the College of Medical Radiation Technologists of Ontario will be relying upon this validation as evidence of the applicant's competent practice in the specified procedures listed above.

\_\_\_\_\_  
*Supervisor Signature*

\_\_\_\_\_  
*Date (dd/mm/yyyy)*

**Instructions to applicant:** When complete, upload this form to the Clinical Competence section of your online application. Retain the original form in the event the CMRTO requests to review the form. Do not mail or fax the form to the CMRTO unless requested.





College of  
Medical Radiation  
Technologists of  
Ontario

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de l'Ontario

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