

General Registration Application

Section 1: Applicant Information			
Title <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr.		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Surname	Given Name(s)	Previous Last Name (if applicable)	
Telephone	Date of Birth DD MM YYYY	Email <input type="checkbox"/> Yes, send me membership service information	
Home Address	City/Province/Country	Postal Code	
Section 2: Speciality			
<input type="checkbox"/> Radiological <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Nuclear Medicine <input type="checkbox"/> Magnetic Resonance <input type="checkbox"/> Electroneurophysiology			
Section 3: Employment Information			
Primary Place of Practice in Alberta Employer's name: Employer's address: Work phone number: Supervisor's name: Supervisor's phone number: Supervisor's email: Start Date in Alberta: DD MM YYYY		Secondary Place of Practice in Alberta Employer's name: Employer's address: Work phone number: Supervisor's name: Supervisor's phone number: Supervisor's email: Start Date in Alberta: DD MM YYYY	
Section 4: Educational Information			
1. Name, Address and Postal Code of Institution		Educational Program Name	
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other: _____	
Program Start Date: DD MM YYYY	Program Completion Date: DD MM YYYY	Language of Instruction:	Certification Date (CAMRT or CBRET): DD MM YYYY
2. Name, Address and Postal Code of Institution		Educational Program Name	
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other: _____	
Program Start Date: DD MM YYYY	Program Completion Date: DD MM YYYY	Language of Instruction:	Certification Date (CAMRT or CBRET): DD MM YYYY
If you have additional MRT, ENP, non-MRT or non-ENP related education or certification, please submit a copy of your certificate, diploma or degree with this application.			

Section 5: Registration Requirements (please circle yes or no)

- | | | |
|---|-----|----|
| 1. Are you currently a member of another provincial body or professional college or association? If yes, please list them here: | Yes | No |
| 2. Have you ever been disciplined or are you currently being investigated by this or any other professional regulatory body? (If yes, please provide details on a separate page.) | Yes | No |
| 3. Do you have a criminal record? If yes, please attach details on a separate page. (Please note that this is only a 'declaration' and you are not required to obtain a criminal record check.) | Yes | No |
| 4. Do you give permission to the College to contact any authority or association in any jurisdiction to verify the above statements? | Yes | No |

Section 6: Practice History as a Technologist within the Last Five Years

Submit an employer verified Currency of Practice Hours form along with this application. See guide sheet for hours requirements.

Section 7: Fees

- \$100 Application fee **and** \$450 Registration fee prior to June 30 **or** \$225 Registration fee after July 1

Total Fee: _____

Visa Number: _____

Cheque
Made payable to the ACMDTT.

MasterCard Expiration Date: _____ / _____

Applicant's Signature _____ **Date (dd/mm/yyyy)** _____

Section 8: Professional Liability Insurance

I understand that College regulations stipulate that all practitioners are required to have professional liability insurance (PLI) in the minimum amount of \$1,000,000 per occurrence. I declare that I have this required PLI through at least one of the following:

- CAMRT AHS Independent Facility

Applicant's Signature _____ **Date (dd/mm/yyyy)** _____

Section 9: Declaration of Compliance (check all boxes that apply)

- I verify that all statements contained in this application are accurate. I understand that a false or misleading statement, an omission or misrepresentation may be cause for cancellation of my practice permit and registration.
- I understand that the collection, use and disclosure of my personal information will be handled in accordance with the College's Privacy Policy.
- I agree to notify the College immediately of any change to the information I have provided in accordance with College Regulations under the *Health Professions Act* (e.g. employer and personal contact information).
- I understand that I may be required to submit further information to determine eligibility for registration or renewal of my practice permit, and the College will contact me if additional documentation is necessary.

Applicant's Signature _____ **Date (dd/mm/yyyy)** _____

The College reserves the right to request character references and to contact employers.

After you have provided a completed application to the College:

- The College will email you the website and login information to access the online Regulations Education Module (REM).
- The REM contains a quiz and when you pass it, College staff automatically receives evidence of this successful completion and will match it to your application. Your application will be processed as soon as possible after this stage.
- You will receive an email from the College providing your registration to practice and instructions on accessing your full practice permit through the College website. *It is unlawful to practice the profession in Alberta without a valid practice permit issued by the College.*

Please remember to plan at least three to four business days from the time you provide your completed application to the time you are issued a full practice permit.

General Registration Guide

The *Health Professions Act* (HPA) requires that all persons who are practicing radiological technology, nuclear medicine technology, magnetic resonance technology, radiation therapy and electroneurophysiology technology in Alberta must hold a valid and current registration with the College. Practice involves not only the clinical and technical aspects of the profession; it also includes, but is not limited to, functions of education, management, research and administration.

Section 1: Member Information

The personal information required on this form is used for the purposes of determining eligibility for a practice permit with the College, and for carrying out the College's regulatory activities under the HPA. Information you provide is protected as per the College's Privacy Policy available on the College website at www.acmdtt.com, under the tab titled 'Members'.

Please provide your email address. By choosing 'yes' to email consent, you are providing consent to receive electronic messages regarding member services such as branch activities for professional development, the annual conference, the College newsletter and awards. Electronic messages to communicate regulatory related matters that fall under the HPA will continue to be sent to all members electronically regardless of their consent decision regarding membership services.

Please remember to update your record with the College of any change in name, home or employment information within 10 business days of the change.

Section 2: Specialty(s)

Indicate for which speciality(s) you are registering.

Section 3: Employment Information

You must record your employment information as indicated. Record your supervisor's contact information as they may be contacted with respect to any changes to your practice permit. If you have more than two employers, add a separate page with this information.

Please remember that once you have submitted your completed application, it may take up to four business days for the College staff to process your application and issue a practice permit. You cannot begin work until the College provides you confirmation of your registration to practice in Alberta. Please plan your employment start dates accordingly.

Section 4: Educational Information

Regulations require that you provide information about your educational program and certification in your speciality. You must indicate whether your educational program was a diploma or degree.

New MRT applicants and new graduates: You must provide evidence of successful completion of the Canadian Association of Medical Radiation Technologists (CAMRT) exam(s) in your speciality(s).

New ENP applicants and new graduates: You must provide evidence of successful completion of the Canadian Board of Registration of Electroneurophysiology Technologists (CBRET) exam in your speciality.

Section 5: Registration Requirements

Answer all questions in this section.

Section 6: Practice History as a Technologist

Regulations require that technologists must have practiced 800 hours in the previous five years for their primary speciality and, if applicable, 160 hours in the previous five years for their secondary speciality at the time of registration. Provide a completed Currency of Practice Hours form for each speciality; this form is available on the College website www.acmdtt.com. This form must be signed by your employer or supervisor.

New graduates: Section 6 is applicable to you only if you have been graduated more than two years.

Section 7: Fees

The application fee of \$100 is charged for initial applications. The College registration fee from January 1 to December 31 is \$450. This fee is prorated to \$225 effective July 1 each year.

New graduates: If you have held a student membership with the College within two years from the date of application, you are exempt from paying the \$100 application fee. An Alberta graduate who has worked in another province is no longer eligible for the application fee exemption upon returning to Alberta.

Section 8: Professional Liability Insurance

Professional liability insurance (PLI) provides protection against claims made alleging liability resulting from the rendering or failure to render professional services. College Regulations stipulate that all practitioners are required to have PLI in the minimum amount of \$1,000,000 per occurrence. Your signature confirms that you hold this required PLI.

MRTs and ENPs can meet their PLI requirement through employment at Alberta Health Services (AHS) or through employment at an independent facility, if it provides this coverage. MRTs are also able to seek personal PLI through CAMRT. This policy covers any legal expenses if coverage under employer insurance is disputed. To obtain CAMRT PLI, visit <http://pli.camrt.ca/> or contact CAMRT directly at 1.800.463.9729 or info@camrt.ca.

You are encouraged to email or call the College with any questions or concerns regarding your PLI prior to completing this declaration as your signature in this section means that you are in compliance with PLI requirements at the time you sign the form.

Section 9: Declaration of Compliance

You must check each box for which you declare that you are compliant. You must sign and date the declaration section of the form in order to complete your application for registration. Your signature means that you have read and agree to all statements in this section.

Regulations, Code of Ethics, Standards of Practice and Continuing Competence

The primary purpose of the HPA is the protection of the public and this is upheld through requirements and procedures established by professional regulatory bodies, such as this College. The Regulations, Code of Ethics and Standards of Practice are the major documents which govern the practice of the members regulated by the College.

The Regulation Education Module (REM) is an online tool designed to provide current and future members with the information they need to know and understand to practice in Alberta. Upon receiving a completed application, the College will email the applicant the website and login information needed to access the REM. The REM contains a quiz and when you pass it, College staff automatically receives evidence of this successful completion and will match it to your application. Your application will be processed as soon as possible after this.

After your completed application is submitted to the College:

- The College will email you the website and login information needed to access the REM.
- The College will send you an email to confirm your registration and instructions on accessing your full practice permit through the College website.

Please remember to plan at least three to four business days from the time you provide your completed application to the time you are issued a full practice permit.

General Information

Additional and/or Enhanced Practice Authorizations

Members seeking additional and/or enhanced practice authorizations are required to complete advanced training approved by Council. When all requirements have been satisfied, the College will indicate a 'condition of practice' on their practice permits. Members granted additional and/or enhanced practice authorizations will be required to verify maintenance of competence upon registration renewal each year through a supervisor validated process. Detailed information including application forms is available on the College website www.acmdtt.com.

Checklist of documents to be included with your General Registration Application:

- Completed General Registration Application and fees
- Evidence of your diploma/degree in your specialty (if you have not provided this to the College in the past)
- Evidence of CAMRT certification (MRT) in your specialty or evidence of CBRET certification (ENP) (if you have not provided this to the College in the past)
- Completed the REM
- Completed Currency of Practice Hours form
- If applicable, completed Additional and Enhanced Practice Authorization Application
- If applicable, evidence of name change (photocopy of your marriage certificate or official name change document)

After your application is submitted to the College:

- The College will attempt to process your application for registration within three business days of receiving the completed application form and all required documentation.
- The College will send you an email to confirm your registration and instructions on accessing your new permit through the College website. *It is unlawful to practice the profession in Alberta without a valid practice permit issued by the College.*