

Membership Status Change Application

Section 1: Applicant Information			
Title <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr.			ACMDTT #
Surname	Given Name(s)	Telephone	Email
			<input type="checkbox"/> Yes , send me membership service information
Please use this space to enter in any new address information.		Please use this space to enter in any new employer information.	
Section 2: Specialty		Section 3: Status	
<input type="checkbox"/> Radiological- MRT(R) <input type="checkbox"/> Radiation Therapy- MRT(T) <input type="checkbox"/> Nuclear Medicine- MRT(NM) <input type="checkbox"/> Magnetic Resonance- MRT(MR) <input type="checkbox"/> Electroneurophysiology- (ENP)		Current Status: <input type="checkbox"/> Full practice permit <input type="checkbox"/> Temporary practice permit <input type="checkbox"/> Non-practicing associate Change Status to: <input type="checkbox"/> Full practice permit <input type="checkbox"/> Non-practicing associate <input type="checkbox"/> Resigned Date Status Change is Required: DD MM YYYY	
Section 4: Fees			
Registration Fee (if applicable): _____ Please see the guide for fee information.			
<input type="checkbox"/> Visa	Number: _____	<input type="checkbox"/> Cheque	Made payable to the ACMDTT.
<input type="checkbox"/> MasterCard	Expiration Date: _____ / _____		
Applicant's Signature _____		Date (dd/mm/yyyy) _____	
Section 5: Professional Liability Insurance			
College regulations stipulate that all practitioners are required to have professional liability insurance (PLI) in the minimum amount of \$1,000,000 per occurrence. Please select the option applicable to this current application:			
I am applying for a practice permit, and I declare that I have the required PLI through at least one of the following:			
<input type="checkbox"/> CAMRT	<input type="checkbox"/> AHS	<input type="checkbox"/> Independent Facility	
OR			
<input type="checkbox"/> I am applying for non-practicing associate status or resigning			
Applicant's Signature _____		Date (dd/mm/yyyy) _____	
Section 6: Declaration of Continuing Competence Compliance			
I hereby acknowledge that I am responsible for compliance with the Continuing Competence Program for the number of months I have held a full practice permit.			
Applicant's Signature _____		Date (dd/mm/yyyy) _____	
Section 7: Declaration of Compliance (check all boxes that apply)			
<input type="checkbox"/> 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.			
<input type="checkbox"/> I understand that the collection, use and disclosure of my personal information will be handled in accordance with the College's Privacy Policy.			
<input type="checkbox"/> I agree to notify the College immediately of any change to the information I have provided in accordance with College Regulation under the <i>Health Professions Act</i> (e.g. employer and personal contact information).			
<input type="checkbox"/> 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.			
<input type="checkbox"/> I certify that I am not currently being investigated or disciplined by this or any other professional body and since my previous declaration and there have been no additions or changes to my criminal record status within the last registration year. (Contact the College to provide information regarding any new professional conduct or criminal record activity.)			
<input type="checkbox"/> I understand that I must hold a full or temporary permit issued by the College prior to practicing the profession in Alberta. I understand that 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.			
Applicant's Signature _____		Date (dd/mm/yyyy) _____	
<i>The College reserves the right to request character references and to contact employees.</i>			

Membership Status Change 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. The 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'.

Enter any new address or employment information that might have changed.

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 at the College of any change in name, home or employment information within 10 business days of the change.

Section 2: Specialty(s)

Indicate the specialty(s) in which you are registered.

Section 3: Status

Indicate the status for which you are currently registered and the status to which you are applying to change.

If you are changing from a full practice permit to a non-practicing associate:

- Associates are not allowed to practice any aspect of the profession and nor use protected professional titles. This means that associates are not allowed to perform any clinical and technical aspects of the profession; as well as functions of education, management, research and administration.
- Associates are not allowed to use protected professional titles and practice any aspect of the profession; therefore, their permits cannot be issued enhanced practice or additional authorizations. If you are renewing or changing to associate status you will need to apply for enhanced practice and/or additional authorization at the time you reinstate your practice permit.
- When you reinstate your practice permit in the future you will be required to meet the practice hour requirement. This means that you will be required to have 800 hours of professional practice in the five-year window previous to the date your application to return to practice is received at the College.
- Associates are not required to meet continuing competence requirements. If you have been selected to participate in a continuing competence audit and have not yet met your audit requirements, you will be required to do so at the time you apply to reinstate your practice permit.
- Registrants choosing to switch to an associate status before the June 30 may be eligible for a \$225 refund and will be changed to an associate status for the remainder of the year.
- The 'date status change is required' must be after your last full working day.

If you are resigning because you have ceased practice or intend to practice outside of Alberta:

- Registrants choosing to resign before June 30 may be eligible for a \$225 refund.
- To reinstate your practice permit in the future, you will have to meet all registration requirements (including completing the Regulations Education Module) and pay the applicable fees. You will also be required to meet the practice hours requirement. This means that you will be required to have 800 hours of professional practice in the five-year window previous to the date your application to return to practice is received at the College. Work hours in your profession from outside Alberta may be used towards meeting this requirement.
- If you plan to practice in another province, please email, fax or mail the College your request to send a certificate of your professional standing to your new provincial regulator or association. There is no fee for this service.
- The 'date status change is required' must be after your last full working day.

If you are moving from a temporary to a full practice permit:

- You must provide evidence of successfully completing the Canadian Association of Medial Radiation Technologists (CAMRT) or the Canadian Board of Registration of Electroneurophysiology Technologists (CBRET) certification in your specialty.
- You must be supervised in accordance with the conditions of your current practice permit until the College confirms your registration with a full practice permit.

If you are changing from an associate status to a full practice permit:

- The College will check to see that you meet the currency of practice hours requirement. This means that your record at the College must indicate that you have practiced your primary speciality for 800 hours in the most recent five-year window at the time of your application (you would have provided this information through your previous annual renewal processes). You may update this information by providing a completed Currency of Practice Hours form along with this application.
- It is unlawful to practice in Alberta until you receive confirmation of registration from the College.

Section 4: Fees

Refund policy: Registrants changing from a full practice permit to a non-practicing associate status or resigning **before July 1** may be eligible for a refund.

Full or Temporary Practice Permit	
January 1 – June 30	\$450
July 1 – December 31 (prorated fee)	\$225
Associate Fee	
January 1 – December 31	\$100
Status Change	
Associate to Full	
January 1 – June 30	\$350 [\$450 - \$100 (associate fee)]
July 1 – December 31	\$125 [\$225 - \$100 (associate fee)]
Full to Associate or Resignation	
January 1 – June 30	\$225 refund
July 1 – December 31	No refund

Section 5: 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 professional liability coverage 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 6: Declaration of Continuing Competence Compliance

Your signature means that you have complied with the Continuing Competence Program, including your self-assessment of practice, your personal learning plan and your appropriate hours of learning activities, during the time that you have held a full practice permit.

Section 7: Declaration of Compliance

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, understand and agree to all statements you have checked in this section.

Checklist of documents to be included with your application:

- Completed membership status change application and fees (if applicable)
- Evidence of your diploma/degree in your specialty (if you have not provided this to the College in the past)
- Evidence of CAMRT or CBRET certification in your specialty (if you have not provided this to the College in the past)
- If applicable, completed Currency of Practice Hours form
- If applicable, completed Additional and Enhanced Practice Authorization Application form
- 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.*