

Temporary Practice Application

Section 1: Member 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)	Telephone	
Maiden Name	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 Alberta		Secondary Place of Practice Alberta	
Employer's name:		Employer's name:	
Employer's address:		Employer's address:	
Work phone number:		Work phone number:	
Supervisor's name:		Supervisor's name:	
Supervisor's phone number:		Supervisor's phone number:	
Supervisor's email:		Supervisor's email:	
Start Date in Alberta: DD MM YYYY		Start Date in Alberta: DD MM YYYY	
Section 4: Educational Information			
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 (e.g. CAMRT or CBRET) 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 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: 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 ACMDDT

MasterCard Expiration Date: _____ / _____

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

Section 7: 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 8: 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 Regulation 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 Regulation 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 temporary practice permit through the College website. *It is unlawful to practice the profession in Alberta without a valid practice permit issued by the College.*

A completed Temporary Practice Application: Supervisor's Declaration form must be sent along with or separately from this application form. 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 temporary practice permit.

Temporary Practice Application: Supervisor's Declaration

Section 1: Applicant's Information

Speciality:
 Radiological Radiation Therapy Nuclear Medicine Magnetic Resonance Electroneurophysiology

Surname:	Given Name(s):
----------	----------------

Declaration
I understand that I must practice under the supervision of a regulated member who practices in my area of practice and is physically present and available to assist me in performing restricted activities.

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

Section 2: Employment Information

NOTE: A completed Temporary Practice Application must be provided by the applicant separately or along with this declaration.

Worksite Name:	Primary Supervisor's Name:
Worksite Address:	Primary Supervisor's Phone Number:
Proposed Employment Start Date (dd/mm/yyyy):	Primary Supervisor's Email:

The primary supervisor coordinates supervision received on a worksite and is responsible for ensuring that the temporary practice permit holder is always under the supervision of a regulated member(s) who (1) practices in the same specialty and (2) is physically present and available to assist the person with performing restricted activities, as needed.

Section 3: Supervisor's Declaration

Declaration
I will ensure that this applicant is always under the supervision of a regulated member(s) who (1) practices in the same area of practice and (2) is physically present and available to assist the applicant with performing the restricted activity, as needed.

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

After the completed application has been received and approved by the College:
The supervisor and the applicant will receive confirmation of the applicant's registration from the College.

A completed Temporary Practice Application form must be sent along with or separately from this application form. Please remember to plan at least three to four business days from the time the completed application has been received by the College to the time that a temporary practice permit is issued to the applicant.

Temporary Practice 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.

You are eligible to apply for a temporary practice permit if you have obtained employment in your specialty and are a new graduate of an educational program that has been accredited by the Canadian Medical Association, but you have not yet successfully completed the approved certification examination requirement (e.g. the Canadian Association of Medical Radiation Technologists (CAMRT) or the Canadian Board of Registration of Electroencephalograph Technologists (CBRET) certification exams.)

A new graduate on the temporary practice permit must practice under the supervision of a regulated member who:

1. practices in the same area of practice as the person registered in the temporary register
and
2. is physically present and available to assist the person with performing the restricted activity, as needed.

As per this legislation, you are required to hold a practice permit issued by this College **prior** to practicing in Alberta.

Temporary Practice Application

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 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 speciality(s) for which you are registering.

Section 3: Employment Information

You must record your employer's and primary supervisor's information. Your primary supervisor coordinates supervision received on a worksite and is responsible for ensuring that you are always under the supervision of a regulated member who (1) practices in the same area as you and (2) is physically present and available to assist you with performing restricted activities, as needed. If you have two or more 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. Indicate the date you plan to write your certification exam (e.g. CAMRT or CBRET). You must indicate whether your educational program was a diploma or degree. If you have additional medical radiation technologist (MRT), electroneurophysiology technologist (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

Answer all questions in this section.

Section 6: 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 7: 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 8: 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 agree to and understand all statements you have checked in this section.

Checklist of documents for a complete temporary practice application to the College:

- Completed Temporary Practice Application form and fees
- Completed Temporary Practice Application: Supervisor's Declaration
- Copy of your diploma or degree (if the educational program that qualifies you to practice the profession is not from Alberta)
- 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)

Regulations, Code of Ethics, and Standards of Practice

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.

Temporary Practice Application: Supervisor's Declaration

This application may be sent along with or separately from your Temporary Practice Application. Both the applications are required by the College to be considered for a temporary practice permit.

Section 1: Applicant's Information

Indicate for which speciality you are registering. You must sign and date the declaration. Your signature confirms that you understand and agree to this declaration.

Section 2: Employment Information

Supply your employment information as required. Your primary supervisor coordinates supervision received on a worksite and is responsible for ensuring that you are always under the supervision of a regulated member(s) who (1) practices in the same speciality and (2) is physically present and available to assist you with performing restricted activities as needed. If you have more than one worksite, you must complete this application for each primary supervisor.

Section 3: Supervisor's Declaration

Your primary supervisor, as listed in the previous section, must sign and date the declaration. Your supervisor's signature means that they understand and agree with this declaration. If you have more than one worksite, each primary supervisor must complete this application.

After your completed 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. *It is unlawful to practice the profession in Alberta without a valid practice permit issued by the College.*
- The College will email you the website and login information needed to access the REM.
- The College will send you and your supervisor confirmation once your practice permit has been issued and instructions on accessing your temporary practice permit through the College website.