

## Audit: Currency of Practice Hours

### Section 1: Registrant Information

Surname	Given Name(s)	ACMDTT #
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### Section 2: Registrant's Speciality:

Radiological    
  Radiation Therapy    
  Nuclear Medicine    
  Magnetic Resonance    
  Electroneurophysiology

### Section 3: Record 2016 Practice Hours (that you have practiced in the above speciality):

January 1 to December 31	Facility/Organization	Number of Hours Practiced in Specialty
2016		

- The practice of MRTs and ENPs may encompass both direct clinical practice and/or roles such as administration, management, education and research.
- Practice hours do not include vacation, sick time, leave of absence or any other paid/unpaid non-practice hours.
- If you have more than one employer, or more than one speciality, complete a separate Audit: Currency of Practice Hours form for each employer and/or speciality.
- Please email, fax or mail your completed form to the College by **June 30, 2017**.

### Section 4: Employer/Supervisor's Declaration (to be completed by the employer/supervisor from the above facility)

I confirm that the information contained in this form is true to the best of my knowledge.

Facility/Organization

Employer/Supervisor's Name	Employer/Supervisor's Title
Telephone Number	Email
Employer/Supervisor's Signature	Date (dd/mm/yyyy)