

# Additional and Enhanced Practice Authorization Application

Section 1: Applicant Information		
Title <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr.	ACMDTT #	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Surname	Given Name(s)	Email: Phone:

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: Authorization	
Please indicate for which authorization you are applying:	
<b>Enhanced Practice Authorization</b> <input type="checkbox"/> CT and Contrast Media <input type="checkbox"/> Ictal SPECT Injection <input type="checkbox"/> Medication Administration <input type="checkbox"/> Quantitative CT <input type="checkbox"/> MR in Radiation Therapy <input type="checkbox"/> Enhanced GI Fluoroscopy	<b>Additional Authorization</b> <input type="checkbox"/> Venipuncture <input type="checkbox"/> Breast Ultrasound <input type="checkbox"/> Bladder Ultrasound <input type="checkbox"/> Prostate Ultrasound <input type="checkbox"/> Needle Authorization <input type="checkbox"/> Intraoperative Monitoring

Section 4: Program Completion (not applicable for renewal)		
Please note that it is the applicant's responsibility to provide the College with evidence of program completion.		
Program Name	Clinical Facility	Completion Date DD                      MM                      YYYY

Section 5: Supervisor Declaration	
I verify that the registrant is competent in performing the additional restricted activities associated with the above indicated authorization.	
Facility	
Supervisor's Name	Supervisor's Title
Telephone Number	Email
Supervisor's Signature	Date (dd/mm/yyyy)

Section 6: Registrant Declaration	
<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 in spite of authorization, regulated members must restrict themselves to performing only those restricted activities which they are competent to perform and that are appropriate to their areas of practice and the procedures being performed.	
<input type="checkbox"/> I understand that performance of the additional restricted activities associated with the authorization indicated above, may only occur with a valid and current condition of authorization listed on my practice permit.	
<b>Applicant's Signature</b> _____	<b>Date (dd/mm/yyyy)</b> _____

# Additional and Enhanced Practice Authorization Application Guide

## What Are Additional and Enhanced Practice Authorizations?

**Enhanced practice** refers to practice that requires technologists to perform restricted activities that are not authorized for the members' area of practice in which they are registered. An example of this would be a technologist who is practicing in the area of PET/CT. This role requires the technologists to be authorized in restricted activities from both nuclear medicine (PET) and radiological (CT) specialities.

**Additional authorizations** differ from enhanced practice in that the additional competencies or restricted activities are included in the speciality's section of the regulation. You may apply for an additional authorization upon successful completion of advanced training approved by Council.

A complete list of additional and enhanced practice authorizations that are available to regulated members can be found on the [College website](#).

In order to be authorized, a regulated member must complete an application process which includes providing evidence of having completed a Council approved training program. When all requirements have been satisfied, the member receives notification from the Registrar that the authorization has been approved and accordingly indicated on the College register. Medical radiation technologists (MRTs) and electroneurophysiology technologists (ENPs) are required to provide evidence of competence as part of renewing or reinstating their practice permits.

With a view to protecting the public served by our members, the College is charged with maintaining a live member register on its website. Any member of the public can verify members' registration statuses and their approved authorizations through this online '[Member Register](#)' or by contacting the College.

As members of a self-regulated profession, MRTs and ENPs are responsible for ensuring that their authorizations are approved by the College prior to practice. *Unauthorized practice can be considered grounds for unprofessional conduct and those regulated members can be subject to the disciplinary process.*

When a completed application has been received and approved, the College will indicate a 'condition of practice' on the member's practice permit indicating the authorization. Regulated members that hold additional or enhanced practice authorizations on their practice permits are required to verify maintenance of competence upon renewal each year.

## What is the Authorization Process?

- ☑ Complete an approved training program for the authorization for which you wish to apply. Please see the College website at [www.acmdtt.com](http://www.acmdtt.com) for Council approved programs (click on the tab titled 'Registration', click for more information on Additional and Enhanced Practice Authorizations).
- ☑ Apply to the College by emailing, faxing or mailing a completed [Additional and Enhanced Practice Authorization Application](#); you must provide evidence of completing the training program.
- ☑ Once your application is approved, you will receive notification from the College that you now hold the authorization and it is on your practice permit. Remember that you must hold the authorization on your practice permit before you commence practice.
- ☑ You must renew your authorizations during annual registration renewal or upon changing your status from an associate to a full practice permit. Email, fax or mail a completed [Additional and Enhanced Practice Authorization Application](#) (leave section four blank) in order to renew your authorizations.

## How do I Complete the Application Form?

### Section 1: Applicant Information

The personal information required on this form is used for the purposes of determining eligibility for an authorization on your practice permit with the College. Information you provide is protected as per the College's Privacy Policy available on the College website [www.acmdtt.com](http://www.acmdtt.com), under the tab titled 'Members'.

### Section 2: Specialty

Indicate the specialty for which you are applying for an authorization.

### **Section 3: Authorization**

Indicate for which authorization you are applying. Please see the College website at [www.acmdtt.com](http://www.acmdtt.com) for details on which authorizations are applicable to your specialty (click on the tab titled 'Registration', click for more information on Additional and Enhanced Practice Authorizations).

### **Section 4: Program Completion**

This section is not applicable if you are applying for annual renewal or reinstatement of an authorization which you currently hold or previously held on your practice permit.

If this is your initial application, complete the information required in this section. You must provide the College with evidence of your program completion. The evidence depends on which Council approved training program you have completed. Each program has different evidence that must be submitted (e.g. a program completion certificate, a competency checklist or both). Please see the College website at [www.acmdtt.com](http://www.acmdtt.com) for Council approved programs (click on the tab titled 'Registration', click for more information on Additional and Enhanced Practice Authorizations).

### **Section 5: Supervisor Declaration**

Your supervisor must complete all the required information in this section. Your supervisor's signature means that your supervisor can verify that you are competent in performing the additional or enhanced practice restricted activities for which you are applying.

### **Section 6: Registrant Declaration**

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.