

# Registration Status Change Application: Leaving Practice

Section 1: Applicant Information			
Title <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Other			ACMDTT #
Surname	Given Name(s)	Telephone	Email
<input type="checkbox"/> Yes, send me membership service information			
Section 2: Specialty(s)		Section 3: Changing your 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)		<b>Current Status:</b> <input type="checkbox"/> Full practice permit <input type="checkbox"/> Temporary Practice Permit <input type="checkbox"/> Non-practicing associate  <b>Change Status to:</b> <input type="checkbox"/> Resigned <input type="checkbox"/> Non-practicing associate  <b>Date Status Change is Required:</b> DD                      MM                      YYYY	
<b>Note:</b> Please see attached guide for refund policy and reinstatement requirements.			
Section 4: Reason for change of status			
<input type="checkbox"/> Change of career and ceasing practice <input type="checkbox"/> Leaving Alberta <input type="checkbox"/> Parental leave <input type="checkbox"/> Retirement and ceasing practice <input type="checkbox"/> Sabbatical <input type="checkbox"/> Other, please specify:			
Section 5: 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. (Please refer to the CCP hours chart in section 5 of the guide sheet)			
Applicant's Signature _____		Date (dd/mm/yyyy) _____	
Section 6: Declaration of Compliance (check all boxes that apply)			
<input type="checkbox"/> I verify that all statements contained in this application are accurate  <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. 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, administration and supervision.			
Applicant's Signature _____		Date (dd/mm/yyyy) _____	
<i>It is unlawful to practice in Alberta without registration at the College.</i>			

# Registration Status Change Application: Leaving 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. 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: Applicant Information

Information you provide is protected as per the College's Privacy Policy available on the College website at [www.acmdtt.com](http://www.acmdtt.com), under the tab titled 'Members'.

## Section 2: Specialty(s)

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

## Section 3: Changing your status

### Note:

### Refund Policy

Registrants who provide a completed [Registration Status Change Application: Leaving Practice](#) form by **June 30** may be eligible for a refund, as provided in the table below:

Full to Resignation / Associate	
January 1 – June 30	\$225 refund
July 1 – December 31	No refund

### Reinstatement in the Future

You will have to meet all registration requirements in place when you apply to reinstate your permit to practice in Alberta.

These include:

- Completed General Registration Application and fees
- Evidence of your diploma/degree in your specialty
- Evidence of CAMRT certification (MRT) in your specialty or evidence of CBRET certification (ENP)
  - If you have provided your degree / diploma and CAMRT or CBRET certification in the past, you will not be asked to provide them again
- You will also be required to have completed a minimum of 800 hours of practice in the five-year window previous to the date your completed application is received at the College. Work hours in your profession from outside Alberta may be used towards meeting this requirement. 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, administration and supervision..
- Complete the Regulation Education Module (REM) – (This only applies to registrants who have resigned)

After you have provided a completed application to the College, the College will email you the website and login information to access the online REM.

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

#### Please know:

- Registrants choosing to resign before June 30 may be eligible for a \$225 refund.
- To reinstate your registration to practice in the future, you will have to meet all registration requirements (including completing the Regulations Education Module) and pay the applicable fees.
- 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 changing from a full practice permit to a non-practicing associate status:

#### Please know:

- Registrants changing their status to non-practicing associate status before June 30 may be eligible for a \$225 refund.
- 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.
- The 'date status change is required' must be after your last full working day.

#### Section 4: Reason for change of status

You must provide a reason for changing your status. Please feel welcome to provide any further information on a separate sheet.

#### Section 5: Declaration of Continuing Competence Compliance

Your signature means that you had 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.

Those members who have not held a full practice permit for an entire CCP cycle are required to complete learning for those months, or part thereof, in which they held a full permit. For a breakdown of required hours, please see the chart below.

#### Breakdown of minimum CCP hours required

First Month of Registration	Months with Full Practice Permit	Total Required Hours	First Month of Registration	Months with Full Practice Permit	Total Required Hours
September	12	24	March	6	12
October	11	22	April	5	10
November	10	20	May	4	8
December	9	18	June	3	6
January	8	16	July	2	4
February	7	14	August	1	2

#### Section 6: Declaration of Compliance

You must sign and date the declaration section of the form in order to complete your application. Your signature means that you have read, understand and agree to all statements you have checked in this section.

#### After your application is submitted to the College:

The College will attempt to process your application within three business days of receiving the completed application form. The College will send you an email to confirm your resignation.

*It is unlawful to practice the profession in Alberta without a valid practice permit issued by the College.*