



# Registration Status Change Application: Moving to Full 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
Please use this space to enter in any <b>new address</b> information.		Please use this space to enter in any <b>new employer</b> information.	
Section 2: Specialty(s)	Section 3: Changing your status to:		
<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"/> Temporary practice permit <input type="checkbox"/> Non-practicing associate  <b>Practice hours required</b> (office use only)	<b>Change Status to:</b> <input type="checkbox"/> Full practice permit	<b>Date Status Change is Required:</b> 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: _____ / _____		
<b>Applicant's Signature</b> _____		<b>Date (dd/mm/yyyy)</b> _____	
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:			
<b>I am applying for a practice permit, and I declare that I have the required PLI through at least one of the following:</b>			
<input type="checkbox"/> National Association (e.g. CAMRT)	<input type="checkbox"/> Employer - List the name of your employer _____		
<b>Applicant's Signature</b> _____		<b>Date (dd/mm/yyyy)</b> _____	
Section 6: Declaration of Continuing Competence Compliance			
I understand that I am responsible for compliance with the Continuing Competence Program for the number of months I will hold a full practice permit. (Please refer to the CCP hours chart in section 6 of the guide sheet)			
<b>Applicant's Signature</b> _____		<b>Date (dd/mm/yyyy)</b> _____	
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.			
<b>Applicant's Signature</b> _____		<b>Date (dd/mm/yyyy)</b> _____	

*The College reserves the right to request character references and to contact employees.*

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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

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](http://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: Changing your status to:

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

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

- You must provide evidence of successfully completing the Canadian Association of Medical 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

Pay appropriate fees

Registrants changing from a non-practicing associate status to full practice permit must pay appropriate fees to the College.

Full or Temporary Practice Permit	
January 1 – June 30	\$450
July 1 – December 31 (prorated fee)	\$225
Status Change	
Associate to Full	
January 1 – June 30	\$350 [\$450 - \$100 (associate fee)]
July 1 – December 31	\$125 [\$225 - \$100 (associate fee)]

## 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 i.e., Alberta Health Services (AHS), if it provides this coverage. MRTs are also able to seek personal PLI through national association i.e. CAMRT. Their 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](mailto: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.

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 during the CCP cycle. 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 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 Returning to Practice 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.*