

Currency of Practice Hours

Section 1: Applicant Information

Surname	Given Name(s)	ACMDTT # (if applicable)
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Section 2: Practice Hours (this section is to be completed by the facility's employer/supervisor)

1) Applicant's Speciality:

- Radiological
 Radiation Therapy
 Nuclear Medicine
 Magnetic Resonance
 Electroneurophysiology

2) Record of Practice Hours (that the applicant has practiced in the above speciality):

Year (Jan. - Dec.)	Facility/Organization	Number of Hours Worked in Speciality
2017		
2016		
2015		
2014		
2013		

- If the applicant has practiced full time, part time or casual in the speciality, please enter the number of hours practiced per year.
- If the applicant did not practice in the speciality that year, enter '0'.
- Practice hours do not include vacation, sick time, leave of absence or any other paid/unpaid non-practice hours.
- If the applicant has more than one employer, or more than one speciality, complete a separate Currency of Practice Hours form for each employer and/or speciality.

3) Employer/Supervisor's Declaration:

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)

Currency of Practice Hours Guide

This form must be completed and emailed, faxed or mailed to the College by applicants or regulated members wishing to claim practice hours.

The mandate of the College is to protect the public of Alberta. This driving principle is upheld through requirements and procedures established by the *Health Professions Act* and the *Medical Diagnostic and Therapeutic Technologists Profession Regulation*.

The *Regulation* requires that medical radiation technologists (MRTs) and electroneurophysiology technologists (ENPs) provide assurance of the currency of their skills and knowledge to practice on the public of Alberta as evidenced through 800 hours practiced in their primary specialties and 160 hours in their secondary specialties within the most recent five year window. The practice of MRTs and ENPs may encompass both direct clinical practice and/or roles such as administration, management, education and research.

Section 1: Applicant Information

The personal information required on this form is used for the purposes of matching your Currency of Practice Hours form to your application or registration.

Section 2: Practice Hours

Your employer or supervisor of the facility from which you are claiming practice hours must complete this section.

1) Applicant's Specialty

Indicate the specialty in which the hours have been practiced.

2) Record of Practice Hours

The number of hours practiced must be entered per specialty. If the applicant has practiced full time, part time or casual in the specialty, please enter the number of hours practiced per year. If the applicant did not practice in the specialty that year, enter '0'. Practice hours do not include vacation, sick time, leave of absence or any other paid/unpaid non-practice hours. If the applicant has more than one employer, or more than one specialty, a separate Currency of Practice Hours form for each employer and/or specialty must be completed.

3) Declaration

The employer or supervisor must complete all required information. The employer or supervisor's signature means that the practice hours entered are true to the best of his or her knowledge.