

2018 Professional Liability Insurance Verification Audit

Section 1: Registrant Information

Registrant Name

ACMDTT#

Section 2: Professional Liability Insurance

The *Medical Diagnostic and Therapeutic Technologists Profession Regulation* requires that all practicing registrants are required to have professional liability insurance (PLI) in the minimum amount of \$1,000,000 per occurrence. Please provide evidence of compliance with this requirement through at least one of the following:

- I have the required PLI coverage through CAMRT as evidenced by the attached proof of my membership
and/or
- I have the required PLI coverage through my employer as evidenced by the declaration below.

Note: Verification requirements must be received at the College by **June 25, 2018**.

Section 3: Employer/Supervisor Declaration

I verify that _____ has the required PLI through his/her employment at:

Employment site name: _____

Employment site address: _____

Employer/supervisor name and title: _____

Employer/supervisor email address: _____

Employer/supervisor telephone number: _____

Employer/Supervisor's Signature _____ **Date (dd/mm/yyyy)** _____

The information required on this form is used for carrying out the College's regulatory activities under the *Health Professions Act* and protected as per the College's Privacy Policy available on the College website at <http://acmdtt.com/>, under the tab titled 'About Us'.