

# Application for Registration

## Internationally Educated Applicant

This application is for internationally trained medical radiation technologists (MRTs) and electrophysiology technologists (ENPs) who seek to be registered to work in Alberta and are not registered to practice in another Canadian province or territory.

This application consists of four parts:

Part 1 and Part 4 – All applicants

Part 2 – Applicants who have practiced the profession

Part 3 – Applicants who have received an interim decision, and met all of their requirements (if any)



### Contact Us

Suite 800, 4445 Calgary Trail  
Edmonton AB Canada T6H 5R7  
Phone: 780.487.6130  
Toll Free: 1.800.282.2165  
Email: [registration@acmdtt.com](mailto:registration@acmdtt.com)



#### Mission Statement

The Alberta College of Medical Diagnostic and Therapeutic Technologists exists so that the public is assured of receiving safe, competent and ethical diagnostic and therapeutic care by regulated professionals.

## Document Checklist

### Part 1, 2 and 4 of this application

These parts of the application are necessary for assessment by the Registration Committee. Visit the [College website](#) for more information on these required and supporting documents.

#### Required Documentation

- Specialty-specific self-assessment of practice
- Currency of practice hours form or equivalent information provided on organization/facility letterhead
- Specialty-specific competency checklist
- Official Transcripts (original transcript or notarized copy)
- Credential evaluation and authentication (Comparative Education Services (CES), or International Credential Assessment Service of Canada (ICAS), or International Credential Evaluation Service (ICES), or International Qualification Assessment Service (IQAS), or World Education Services (WES)
- Reference letter (only one is required)
- English Language Assessment

#### Supporting Documentation

- Current résumé
- Job description from the last employment setting
- Evidence of registration with an association or a regulatory body
- Standards of Practice and Code of Ethics of an association, society, regulatory body or authority charged with oversight of the profession in the applicant's most recent country of practice
- Curriculum objectives from an applied program of study
- Evidence of continuing education

**In submitting Part 3 of the application, you are to provide evidence of completion of the Registration Committee's requirements.**

### Part 3

Evidence of successfully passing the entry-to-practice examination in your specialty (if you have not previously provided this to the College)

- Completion of the Regulation Education Module
- If applicable, a complete [Additional and Enhanced Practice Authorization Application](#) if you want to practice select restricted activities
- If relevant, evidence of a name change (photocopy of your marriage certificate or official name change document)
- Original or notarized Criminal Record Check, visit the [College website](#) for information

### After your application is submitted to the College

Please visit the [College's website](#) to review the timelines and process regarding your application for registration.

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# Part 1 – General Demographic Information

## Application for Registration

For the internationally educated medical radiation technologist or electroneurophysiology technologist

Section 1: Applicant Information			
Legal last name	Legal given name(s)		Previous last name (if applicable)
Telephone	Date of Birth DD                      MM                      YYYY		Practice name (if different from legal name)
Home address	City/Province/Country		Postal Code/Zip Code
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X	Email		
Section 2: Specialty			
<input type="checkbox"/> Radiological <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Nuclear Medicine <input type="checkbox"/> Magnetic Resonance <input type="checkbox"/> Electroneurophysiology			
<b>Primary Place of Practice outside Canada</b>			
Employer's name:		Supervisor's name:	
Employer's address:		Supervisor's phone number:	
Work phone number:		Supervisor's email:	
Start date DD                      MM                      YYYY		Completion date DD                      MM                      YYYY	
Section 3: Educational Information			
Title of Program Completed			
Specialty		Credential Obtained  <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other: _____	
Name of Institution for Theoretical Instruction		Name of Institution/Facility for Clinical Training	
Location (City/Country)		Location (City/Country)	
Start Date DD                      MM                      YYYY	Completion Date DD                      MM                      YYYY	Start Date DD                      MM                      YYYY	Completion Date DD                      MM                      YYYY

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### Section 4: Employment History

- Indicate the number of hours worked, in the **five years preceding this application**, in the specialty in which you are applying. These hours must be verified by written confirmation as per previous employment records through the Currency of Practice Hours form or equivalent.
- If you have worked at additional facilities, please attach a separate page with this information.
- You do not need to complete this section if you are a recent internationally educated graduate.

Year	Facility Name	Location (City/Country)	Hours Worked
2024 (Current year)			
2023			
2022			
2021			
2020			
2019			

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## Part 2 – Currency of Practice

The applicant or employer may send this document with the application or separately from the application. If you graduated within the last two years and have never practiced the profession after completing your education in the profession, leave this section blank.

### Section 5: Applicant Information

Legal last name	Legal given name(s)	Practice name (if different from legal name)
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### Section 6: Practice Hours (this section is to be completed by the applicant's employer/supervisor)

#### 1) Applicant's specialty

- ☐ Radiological
 ☐ Nuclear Medicine
 ☐ Electroneurophysiology  
☐ Radiation Therapy
 ☐ Magnetic Resonance

#### 2) Record of practice hours (that the applicant has practiced in the above specialty)

Year (Jan. - Dec.)	Facility/Organization	Location (City/Country)	Number of Hours Worked in Specialty
2024			
2023			
2022			
2021			
2020			
2019			

- 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, complete a separate Currency of Practice Hours form for each employer and/or specialty.

#### 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	Email
Employer/supervisor's signature	Date (DD/MM/YYYY)

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## Part 3 – Registration Committee’s Requirements

**For applicants who have received a written interim decision from the Registration Committee, and completed all requirements, (if any).**

### Section 7: Contact Information (provide new information if applicable)

**Please indicate if your contact information (mailing address, phone number, email address) has changed**

☐ No changes ☐ New information

### Section 8: Registration Committee’s requirements, if applicable

#### a) Entry-to-practice examination details

☐ CAMRT  
☐ CBRET  
☐ OTIMROEPMQ  
☐ Not applicable

#### b) Any other requirements

### Section 9: Employment Information within Alberta (provide information if applicable)

**Please update the College with employment information once you receive a job offer**

#### Primary Place of Practice within Alberta

Employer’s name:

Supervisor’s name:

Employer’s address:

Supervisor’s phone number:

Work phone number:

Supervisor’s email:

Start date    DD                      MM                      YYYY

### Section 10: Registration Fees

☐ \$450 registration fee prior to June 30    **or**    ☐ \$225 registration fee after June 30

Once the College has received your application, you will be instructed how to pay your fees online. Identify how you want to pay your fees by choosing one of the following options:

☐ Visa    ☐ Mastercard    ☐ Visa Debit    ☐ Debit Mastercard    ☐ Cheque (Made payable to the ACMDTT)

### Mission Statement

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### Section 11: Professional Liability Insurance (Please provide policy number)

I understand that College regulations stipulate that all practitioners must provide evidence of professional liability insurance (PLI) in the minimum amount of \$2,000,000 per occurrence. I understand that this declaration serves as evidence that I hold the required PLI through at least one of the following:

☐ Personal (CAMRT-AB, Medical Imaging Ed, or third party)

Policy Number: \_\_\_\_\_ ☐

Employer: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Applicant's signature** \_\_\_\_\_ **Date (DD/MM/YYYY)** \_\_\_\_\_

### Section 12: Conduct Declaration (please circle yes or no)

**The College has a number of requirements for registration that relate to the past and present conduct of the applicant.**

If you answer yes to any of the questions in this section except question 1, you must provide a detailed explanation on a separate piece of paper and include copies of all relevant documents in your possession. If you answer no to any of the questions 2-6 at the time of application, but the circumstances change before you are issued a certificate of registration, you must immediately inform the Registrar of the change of circumstances.

1. Have you submitted a criminal record check to the College?      Yes      No
2. Are you the subject of a criminal offence or any offence related to the regulation of the practice of the profession?      Yes      No
3. Have you ever been investigated or are you the subject of a current investigation involving an allegation of professional misconduct in relation to the profession or in another profession in Alberta or in another jurisdiction?      Yes      No
4. Have you been the subject of a finding of professional misconduct or are you currently the subject of a proceeding involving an allegation of professional misconduct in relation to the profession or another health profession in Alberta or in another jurisdiction?      Yes      No
5. Has a judgment in a civil action been brought against you relating to your practice?      Yes      No
6. Have conditions ever been imposed on your practice permit or equivalent?      Yes      No

Do you give permission to the College to contact any authority or association in any jurisdiction to verify the above Yes No statements?

### Mission Statement

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## Section 13: Declaration of Compliance

- I verify that all statements contained in Part 3 of this application are accurate. I understand that a false or misleading statement, omission, or misrepresentation may be cause for cancellation of my application.
- I understand that the collection, use, and disclosure of my personal information will be handled in accordance with ACMDTT's Privacy Policy.
- I will advise the College immediately in writing:
  - (i) Should I be convicted of any offence in Alberta or in any other jurisdiction;
  - (ii) Should a finding of or proceeding for professional misconduct, incompetence or incapacity in Alberta or in any other jurisdiction be made or commenced against me in relation to the profession or any other health profession;
  - (iii) Should I be denied registration, licensure or similar status be a regulatory body in Alberta that is responsible for the regulation of another health profession or by a regulatory body in another jurisdiction in or out of Canada that is responsible for the regulation of the profession or another health profession; or
  - (iv) Should my registration, licensure or similar status in Alberta in relation to another health profession or in any other jurisdiction in or out of Canada in relation to the profession or another health profession be cancelled or suspended or equivalent.
- I agree to notify the College immediately of any change to the information I have provided in accordance with College Regulations under the Health Professions Act (e.g., employer and personal contact information).
- I understand that I may be required to submit further information if required, to determine eligibility for registration, and the College will contact me if additional documentation is necessary.

**Applicant's signature** \_\_\_\_\_ **Date (dd/mm/yyyy)** \_\_\_\_\_

The College reserves the right to request additional references and to contact employers.

#### Mission Statement

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## Part 4 – Payment of Application and Declaration

**Applicants are required to complete and sign Part 3 of the application.**

### Section 14: Applicant Declaration

- |   |     |    |
|---|-----|----|
| 1. Are you currently a member in good standing of another professional College/Association/Body? If yes, please list them here or on a separate sheet:                                  | Yes | No |
| 2. Have you ever been disciplined or are you currently being investigated by this or any other professional College/Association/Body? If yes, please provide details on separate sheet. | Yes | No |
| 3. Do you have a criminal record? If yes, please attach details on a separate sheet.  | Yes | No |
| 4. Do you give permission to the College to contact any authority or association in any jurisdiction to verify the above statements?  | Yes | No |

### Section 15: Application and Assessment Fees

Please include an application fee of \$100 Canadian dollars (CAD) and an assessment fee of \$300 (CAD) for each specialty in which you are applying.

Total fee: \_\_\_\_\_

Once the College has received your application, you will be instructed how to pay your application and registration fees online. Identify how you want to pay your fees by choosing one of the following options:

- ☐ Visa
 ☐ Mastercard
 ☐ Visa Debit
 ☐ Debit Mastercard
 ☐ Cheque (Made payable to the ACMDTT)

### Section 16: Declaration of Compliance

- I verify that all statements contained in this application are accurate. I understand that a false or misleading statement, an omission or misrepresentation may compromise my application and its subsequent outcomes.
- I understand that the collection, use and disclosure of my personal information will be handled in accordance with ACMDTT's Privacy Policy.
- I agree to notify the College immediately of any change to the information I have provided.
- I understand that I may be required to submit further information if required, to determine eligibility for registration.

**Applicant's signature** \_\_\_\_\_ **Date (dd/mm/yyyy)** \_\_\_\_\_

The College reserves the right to request additional references and to contact employers.

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# Application for Registration – Internationally Educated Applicant Guide

The College regulates five distinct professional groups called specialties. The five specialties are grouped under two umbrella groups: Medical Radiation Technologists and Electroneurophysiology Technologists.

Medical Radiation Technologists consist of four specialties. To find out more about each specialty of Medical Radiation Technologists, click below:

- [Radiological Technology](#)
- [Radiation Therapy](#)
- [Nuclear Medicine Technology](#)
- [Magnetic Resonance Technology](#)

Electroneurophysiology Technologists consist of one specialty.

- [Electroneurophysiology Technology](#)

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.

## Part 1 – General Demographic Information

### 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 [acmdtt.com](http://acmdtt.com).

#### Legal name vs. Practice name

You must provide your legal first and last name as registered with national, provincial and/or local government. Practice name is the name under which you would be identified by employer, colleagues and/or patients.

#### Gender

By introducing an 'X' gender designation in our application, we are taking an important step towards advancing equality for all Canadians regardless of gender identity or expression.

### Section 2: Specialty(ies)

Indicate for which specialty(ies) you are registering.

#### Employment Information Outside of the Country

You must record your employment information as indicated. Record your supervisor's contact information as they may be contacted with respect to any changes to your practice permit. If you have more than one employer, add a separate page with this information.



#### **Mission Statement**

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Please remember to update your record with the College of any change in name, home or employment information as soon as reasonably possible.

### **Section 3: Educational Information**

Regulations require that you provide information about your educational program(s) and certification in your specialty(ies).

### **Section 4: Employment History**

Please provide your employment information if you have worked in the five years preceding this application in the specialty in which you are applying. If you graduated within the last two years and have never practiced the profession after completing your education in the profession, leave this section blank.

## **Part 2 – Currency of Practice**

### **Section 5 and 6: Applicant Information and Practice Hours**

The applicant or the employer may send Part 2 of the application along or separately from the Part 1 and 4 of the application. If you graduated within the last two years and have never practiced the profession after completing your education in the profession, leave this section blank.

- a. Applicants applying for one specialty in the general register must have completed at least 800 working hours of practice in the appropriate area of practice within the five years immediately preceding the date the Registrar receives a complete application.
- b. Applicants applying for registration in more than one specialty in the general register must meet the criteria specified in (a) above in their primary area of practice and have completed at least 160 working hours in their secondary area of practice within the five years immediately preceding the date the Registrar receives a complete application.

## **Part 3 – Registration Committee's Requirements**

For applicants who have received a written interim decision from the Registration Committee, and completed all requirements, (if any)

### **Section 7: Contact Information**

Complete this section if your contact information has changed since you received a written interim decision from the Registration Committee on your application.

### **Section 8: Registration Committee's Requirements (if applicable)**

#### **a) Entry-to-practice examination**

Provide evidence of passing your entry-to-practice examination. For information, please visit the [College website](#).

#### **b) Any other requirements**

Provide evidence of meeting other requirements expected to be completed by the Registration Committee (i.e., specific courses).

### **Section 9: Employment Information within Alberta**

Please provide your employment information if you have secured employment in Alberta. Applicants without employment, should leave this section blank; and once employment has been secured, please notify the College.



#### **Mission Statement**

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### **Section 10: Registration Fees**

The College registration fee from January 1 to December 31 is \$450. This fee is prorated to \$225 effective July 1 each year.

### **Section 11: 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 PLI in the minimum amount of \$2,000,000 per occurrence. Your signature confirms that you hold this required PLI.

MRTs and ENPs can meet their PLI requirement through employment at Alberta Health Services (AHS), through employment at an independent facility, or through CAMRT-AB, Medical Imaging Ed or any third party. MRTs are encouraged to seek personal PLI through various other sources. Information on these resources may be found on the [College website](#).

You are encouraged to email or call the College with any questions or concerns regarding your PLI prior to completing this declaration.

### **Section 12: Conduct Declaration**

You are required to answer all the questions in this section.

All applicants for registration with the College must submit a Criminal Record Check (CRC) with their application. The criminal record check may be from your home country or from Alberta and it must be an original copy or notarized copy current within six months of submitting Part 3 of the application for Registration - Internationally Educated Applicants. For more information, please visit the [College website](#).

### **Section 13: 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 and agree to all statements in this section.

### **After Part 3 of your application is submitted to the College**

The College will email you the website and login information needed to access the Regulation Education Module (REM). The College will send you an email to confirm your registration and instructions on accessing your general practice permit through the College website.

### **Regulation Education Module (REM)**

The Regulation Education Module is an online tool designed to provide applicants with the necessary information to understand the practice expectations in Alberta. Upon receiving Part 3 of your application, the College will provide the access information for REM. Applicants must submit the certificate of completion to the College upon its completion.

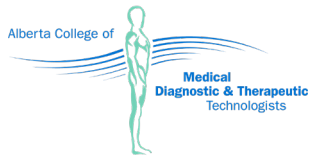
## **Part 4 – Payment of Application and Declaration**

### **Section 14: Applicant Declaration**

You must sign and date the applicant declaration section of the form. Your signature means that you have read and agree to all statements in this section.

### **Section 15: Application and Assessment Fees**

You must submit an application fee of \$100 and an assessment fee of \$300 before your application for registration can be considered complete and ready for assessment by the Registration Committee.



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### **Section 16: 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 and agree to all statements in this section.

#### **Timeline**

Once the College receives all your required and supporting documentation, your file will be assessed by the Registration Committee upon the next registration meeting, which is conducted quarterly. For more information on the timeline for registration, please visit the [College website](#).

## **General Information**

#### **Entry-to-practice examination**

Applicants may be required to submit a successful completion of the entry-to-practice examination in the area of practice (e.g., The Canadian Association of Medical Radiation Technologists (CAMRT) exam in the specialty specific to the MRT applicants, L'Ordre des technologues en imagerie médicale, en radio-oncologie et en électrophysiologie médicale du Québec (OTIMROEPMQ) for entry-to-practice certification examinations for radiodiagnostics, nuclear medicine and radiation therapy or Canadian Board of Registration of Electroencephalograph Technologists (CBRET) for ENP applicants).

#### **Additional and Enhanced Practice Authorizations**

Applicants seeking additional or enhanced practice authorization(s) are required to complete advanced training approved by Council. When the additional or enhanced practice authorizations has been granted by the College, the College will indicate a 'condition of practice' on your practice permits. Members granted additional and/or enhanced practice authorizations will be required to verify maintenance of competence upon renewal each year through an employer/supervisor validated process. Detailed information including application forms is available on the [College website](#).