

## Registration Status Change Application: Leaving Practice

Section 1: Member Information																			
ACMDTT #	Legal last name	Legal given name(s)	Practice name (If different from legal name)																
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X	Telephone	Email	<input type="checkbox"/> Yes, send me membership services information																
Section 2: Specialty(s)		Section 3: Changing Status																	
<input type="checkbox"/> Radiological <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Nuclear Medicine <input type="checkbox"/> Magnetic Resonance <input type="checkbox"/> Electroneurophysiology		<table border="0"> <tr> <td><b>Current Status</b></td> <td><b>Change Status to</b></td> <td colspan="2"><b>Date Status Change is Required</b></td> </tr> <tr> <td><input type="checkbox"/> Full practice permit</td> <td><input type="checkbox"/> Resigned</td> <td>DD</td> <td>MM</td> </tr> <tr> <td><input type="checkbox"/> Temporary Practice Permit</td> <td><input type="checkbox"/> Non-practicing associate</td> <td></td> <td>YYYY</td> </tr> <tr> <td><input type="checkbox"/> Non-practicing associate</td> <td></td> <td></td> <td></td> </tr> </table> <p><b>NOTE:</b> Please see attached guide for refund policy and reinstatement requirements</p>		<b>Current Status</b>	<b>Change Status to</b>	<b>Date Status Change is Required</b>		<input type="checkbox"/> Full practice permit	<input type="checkbox"/> Resigned	DD	MM	<input type="checkbox"/> Temporary Practice Permit	<input type="checkbox"/> Non-practicing associate		YYYY	<input type="checkbox"/> Non-practicing associate			
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Section 4: Reason for Change of Status																			
<input type="checkbox"/> Change of career and ceasing practice <input type="checkbox"/> Leaving Alberta – List the name of the province/country you are moving to _____ <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																			
<p>I hereby acknowledge that I am responsible for compliance with the Continuing Competence Program (CCP) 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)</p> <p><b>Applicant's signature</b> _____ <b>Date (DD/MM/YYYY)</b> _____</p>																			
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 practice 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.																			
<p><b>Applicant's signature</b> _____ <b>Date (DD/MM/YYYY)</b> _____</p> <p><i>It is unlawful to practice in Alberta without registration at the College.</i></p>																			

# 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: Member 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'.

### 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(s)

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

## Section 3: Changing Status

Indicate your status that you are currently registered as and the status that you would like to change to. In reference to any remuneration, please consult the Refund policy below.

### 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 or Registration Status Change Application: Moving to Full Practice
- Appropriate fees
- Evidence of your diploma/degree in your specialty, if you have not previously provided this to the College
- Evidence of CAMRT or CBRET certification in your specialty, if you have not previously provided this to the College
- 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 Regulation Education Module) and pay the applicable fees.
- If you plan to practice in another jurisdiction, you may email, fax or mail the College your request to send evidence of your professional standing to your new 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.
- Associate members are not allowed to practice any aspect of the profession. This means that associate members are not allowed to perform any clinical and technical aspects of the profession; as well as functions of education, management, research and administration.
- Associate members are not permitted to 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.
- Associate members are not permitted to use protected professional titles. This means that once you cease being a regulated member, you may not legal use your protected title (i.e., MRT(R), MRT(NM), ENP) or practice wit the title of medical radiation technologist or electroneurophysiology technologist in Alberta.
- 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 your primary specialty within the five-year window previous to the date your application to return to practice is received at the College. 160 hours of practice is required in the same timeframe for secondary or subsequent registration.
- Associate members 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 (CCP), 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 following chart.

**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 four 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.*