

Student Membership Application

Section 1: Applicant Information		
Legal last name	Legal given name(s)	Previous last name (if different from legal name)
Date of birth (DD/MM/YYYY)	Telephone	Email <input type="checkbox"/> Yes, send me membership services information
Home address	City/Province/Country	Postal Code
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X		
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		
Section 3: CAMRT Student Membership (MRT only)		
<p>The Canadian Association of Medical Radiation Technologists (CAMRT) is the national certifying body and professional association of Canadian medical radiation technologists (MRTs). As a student member of the College, you are eligible to become a student member of CAMRT at no additional fee by checking the box below:</p> <p><input type="checkbox"/> I authorize the College to provide my contact information to CAMRT</p>		
Section 4: Educational Information		
Name and address of institution (school)		Educational program name
Program start date DD MM YYYY		Program completion date DD MM YYYY
<i>If you have additional education or certification, please submit a copy of your certificate, diploma or degree with this application.</i>		
Section 5: Fees		
Student fee: \$100		
<input type="checkbox"/> Visa Number: _____		<input type="checkbox"/> Cheque Made payable to the ACMDTT
<input type="checkbox"/> MasterCard Expiration Date (MM/YY): _____ / _____		
Applicant's signature _____		Date (DD/MM/YYYY) _____
Section 6: Declaration		
<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 which can be viewed at www.acmdtt.com .		
<input type="checkbox"/> I agree to notify the College immediately of any change to the information I have provided.		
Applicant's signature _____		Date (DD/MM/YYYY) _____

Student Membership Application Guide

What is the College?

The Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT) is established under the *Health Professions Act* (HPA) to regulate medical radiation technologists (MRTs) and electroneurophysiology technologists (ENPs) in Alberta.

The College exists so that Albertans receive safe, competent and ethical diagnostic and therapeutic care. In addition, the College offers member services that promote and support continuing education, networking opportunities and professional excellence.

Benefits of Student Membership

As a student member of the College, you will be eligible for many benefits including:

- Reduced rates for the College's annual conference
- Other educational opportunities
- Eligibility for awards and recognition specific to your specialty
- Receipt of the College's newsletter, *Connections*, which is published four times a year and gives our members the most up-to-date information on important aspects of practice
- Exemption of the \$100 application fee for full or temporary practice registration up to two years post-graduation (this does not apply if you trained or practiced outside Alberta).

Section 1: Applicant Information

The information you provide is protected as per College's Privacy Policy available on the College website at www.acmdtt.com, under the tab titled 'Members'.

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.

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.

Please remember to update your record with the College of any change in name, home or employment information within 10 business days of the change.

Section 2: Specialty

Indicate the speciality for which you are applying.

Section 3: CAMRT Student Membership (MRT only)

Check 'I authorize the College to provide my contact information to CAMRT' if you wish to become a student member of CAMRT at no additional cost.

Section 4: Educational Information

Enter all information required in this section.

Section 5: Fees

The student fee is \$100. This fee covers your membership with the College for the length of your educational program.

The application fee for **out-of-province students** is \$50. Out-of-province students are considered to be students who occupy seats in one of the Alberta programs through inter-provincial education agreements. This fee covers your membership with the College for one year.

Section 6: Declaration

You must sign and date the declaration section of the form in order to complete your application for registration. Your signature means that you agree to and understand all the statements you have checked in this section.

After your application is submitted to the College:

- The College will process your Student Membership Application upon receiving the completed application form.
- The College will send you an email to confirm your membership and instructions on accessing your student membership card through the College website.