

## General Registration Application

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	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X	Email	<input type="checkbox"/> <b>Yes, send me membership services information</b>	
Section 2: Speciality			
<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: Employment Information			
<b>Primary Place of Practice in Alberta</b> Employer's name:  Employer's address:  Work phone number:  Supervisor's name:  Supervisor's phone number:  Supervisor's email:  Start date: DD            MM            YYYY		<b>Secondary Place of Practice in Alberta</b> Employer's name:  Employer's address:  Work phone number:  Supervisor's name:  Supervisor's phone number:  Supervisor's email:  Start date: DD            MM            YYYY	
Section 4: Educational Information			
1. Name and address of institution		Educational program name	
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other: _____	
Program start date DD            MM            YYYY	Program completion date DD            MM            YYYY	Language of instruction	Certification date (CAMRT or CBRET) DD            MM            YYYY
2. Name and address of institution		Educational program name	
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other: _____	
Program start date DD            MM            YYYY	Program completion date DD            MM            YYYY	Language of instruction	Certification date (CAMRT or CBRET) 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: Declaration of Conduct and Submission of Criminal Record Check (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 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 a subject of a finding of professional misconduct or 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. Have 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 |

**Section 6: Practice History (as a technologist within the last five years)**

Submit an employer verified Currency of Practice Hours form along with this application. See guide sheet for hours requirements.

**Section 7: Fees**

\$100 Application fee **and**  \$450 Registration fee prior to June 30 **or**  \$225 Registration fee after July 1

Total Fee: \_\_\_\_\_

Visa Number: \_\_\_\_\_

Cheque  
Made payable to the ACMDTT.

MasterCard Expiration Date (MM/YY): \_\_\_\_\_ / \_\_\_\_\_

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

**Section 8: Professional Liability Insurance**

I understand that College regulations stipulate that all practitioners are required to have professional liability insurance (PLI) in the minimum amount of \$1,000,000 per occurrence. I declare that I have this required PLI through at least one of the following:

Personal (CAMRT, Sonography Canada, Medical Imaging Ed)

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

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

### Section 9: Declaration of Compliance (check all boxes that apply)

- I verify that all statements contained in this application are accurate. I understand that a false or misleading statement, an omission or misrepresentation may be cause for cancellation of my practice permit and registration.
- I understand that the collection, use and disclosure of my personal information will be handled in accordance with the College'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 by 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 understand that I may be required to submit further information to determine eligibility for registration or renewal of my practice permit, 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 character references and to contact employers.*

### After you have provided a completed application to the College:

- The College will email you the website and login information to access the online Regulations Education Module (REM).
- The REM contains a quiz and when you pass it, College staff automatically receives evidence of this successful completion and will match it to your application. Your application will be processed as soon as possible after this stage.
- You will receive an email from the College providing your registration to practice and instructions on accessing your full practice permit through the College website. *It is unlawful to practice the profession in Alberta without a valid practice permit issued by the College.*

Please remember to plan at least three to four business days from the time you provide your completed application to the time you are issued a full practice permit.

# General Registration 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. 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

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 [www.acmdtt.com](http://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.

### 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.

**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(s)

Indicate for which speciality(s) you are registering.

## Section 3: Employment Information

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 two employers, add a separate page with this information.

Please remember that once you have submitted your completed application, it may take up to four business days for the College staff to process your application and issue a practice permit. You cannot begin work until the College provides you confirmation of your registration to practice in Alberta. Please plan your employment start dates accordingly.

## Section 4: Educational Information

Regulations require that you provide information about your educational program(s) and certification in your speciality(ies). You must indicate whether your educational program was a diploma or degree.

**New MRT applicants and new graduates:** medical radiation technologists (MRTs) must provide evidence of successful completion of the Canadian Association of Medical Radiation Technologists (CAMRT) exam(s) in your speciality(s).

**New ENP applicants and new graduates:** electroneurophysiology technologists (ENPs) must provide evidence of successful completion of the Canadian Board of Registration of Electroneurophysiology Technologists (CBRET) exam in your speciality.

## Section 5: Declaration of Conduct and Submission of Criminal Record Check

You are required to answer all questions in this section.

All applicants for registration with the College must submit a Criminal Record Check with their application. Former members of the College who have resigned and are seeking reinstatement are also required to provide a Criminal Record Check. Review [Appendix 1](#) for more information on Criminal Record Checks.

## Section 6: Practice History as a Technologist

Regulations require that technologists must have practiced 800 hours in the previous five years for their primary specialty and, if applicable, 160 hours in the previous five years for their secondary specialty at the time of registration. Provide a completed Currency of Practice Hours form for each specialty; this form is available on the College website [www.acmdtt.com](http://www.acmdtt.com). This form must be signed by your employer or supervisor.

**New graduates:** Section 6 is applicable to you only if you have been graduated more than two years.

## Section 7: Fees

The application fee of \$100 is charged for initial applications. The College registration fee from January 1 to December 31 is \$450. This fee is prorated to \$225 effective July 1 each year.

**New graduates:** If you have held a student membership with the College within two years from the date of application, you are exempt from paying the \$100 application fee. An Alberta graduate who has worked in another province is no longer eligible for the application fee exemption upon returning to Alberta.

## Section 8: 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 \$1,000,000 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) or through employment at an independent facility, if it provides this coverage. MRTs are encouraged to seek personal PLI through various sources. Information on these resources may be found on our website here: <http://acmdtt.com/professional-liability-insurance-pli/>

You are encouraged to email or call the College with any questions or concerns regarding your PLI prior to completing this declaration as your signature in this section means that you are in compliance with PLI requirements at the time you sign the form.

## Section 9: Declaration of Compliance

You must check each box for which you declare that you are compliant. 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.

## Regulations, Code of Ethics, Standards of Practice and Continuing Competence

The primary purpose of the HPA is the protection of the public and this is upheld through requirements and procedures established by professional regulatory bodies, such as this College. The *Medical Diagnostic and Therapeutic Technologists Profession Regulation* (Regulations), Code of Ethics and Standards of Practice are the major documents which govern the practice of the members regulated by the College.

The Regulation Education Module (REM) is an online tool designed to provide current and future members with the information they need to know and understand to practice in Alberta. Upon receiving a completed application, the College will email the applicant the website and login information needed to access the REM. The REM contains a quiz and when you pass it, College staff automatically receives evidence of this successful completion and will match it to your application. Your application will be processed as soon as possible after this.

### **After your completed application is submitted to the College**

- The College will email you the website and login information needed to access the REM.
- The College will send you an email to confirm your registration and instructions on accessing your full practice permit through the College website.

Please remember to plan at least three to four business days from the time you provide your completed application to the time you are issued a full practice permit.

### **General Information**

#### **Additional and/or Enhanced Practice Authorizations**

Members seeking additional and/or enhanced practice authorization(s) are required to complete advanced training approved by Council. When all requirements have been satisfied, the College will indicate a 'condition of practice' on their practice permits. Members granted additional and/or enhanced practice authorizations will be required to verify maintenance of competence upon registration renewal each year through a supervisor validated process. Detailed information including application forms is available on the College website [www.acmdtt.com](http://www.acmdtt.com).

#### **Checklist of documents to be included with your General Registration Application**

- Completed General Registration Application and fees
- Evidence of your diploma/degree in your specialty (if you have not provided this to the College in the past)
- Evidence of CAMRT or CBRET certification in your specialty (if you have not provided this to the College in the past)
- Completion of the REM
- Completed Currency of Practice Hours form
- If applicable, completed [Additional and Enhanced Practice Authorization Application](#)
- If applicable, evidence of name change (photocopy of your marriage certificate or official name change document)
- Criminal Record Check

#### **After your application is submitted to the College**

- The College will attempt to process your application for registration within three business days of receiving the completed application form and all required documentation.
- The College will send you an email to confirm your registration and instructions on accessing your new permit through the College website. *It is unlawful to practice the profession in Alberta without a valid practice permit issued by the College.*

# Appendix 1

## Requirements for a Criminal Record Check

- 1) The Report must show that the search was conducted no more than six months before the date of application.
- 2) The College must receive the original copy of the record check in order to verify its authenticity.
- 3) The report must include records of discharges which have not been removed from the CPIC system in accordance with the *Criminal Records Act* and records of outstanding criminal charges of which the police are aware.
- 4) Applicants are also required to report any pardons they have received.
- 5) The name on the Report must match the name that appears on the applicant's registration application.
- 6) The report must indicate that a search was completed on all names the applicant is currently using or has used.
- 7) The date of birth that appears on the Report must match that of the applicant.
- 8) Online checks by commercial vendors will not be accepted except as approved by a police department.
- 9) The costs relating to obtaining a Criminal Record Check will be borne by the applicant.
- 10) The College will retain submission of your Criminal Record Check for your provincial record.