

# Temporary Practice 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			
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
If you have additional education or certification, please submit a copy of your certificate, diploma or degree with this application.			

**Section 5: Registration Requirements & Declaration of Conduct (please circle yes or no)**

Are you currently a member of another provincial body or professional college or association? Yes No  
If yes, please list them here: \_\_\_\_\_

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

**Section 6: 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 7: 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 8: 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 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 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 Regulation 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 temporary practice permit through the College website.

*It is unlawful to practice the profession in Alberta without a valid practice permit issued by the College.*

A completed Temporary Practice Application: Supervisor Declaration form must be sent along with or separately from this application form. 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 temporary practice permit.

# Temporary Practice Application: Supervisor Declaration

## Section 1: Applicant Information

**Specialty**

- Radiological     
  Radiation Therapy     
  Nuclear Medicine     
  Magnetic Resonance     
  Electroneurophysiology

Legal last name	Legal given name(s)	Practice name (If different from legal name)
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**Declaration**

I understand that I must practice under the supervision of a regulated member who practices in my area of practice and is physically present and available to assist me in performing restricted activities.

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

## Section 2: Employment Information

**NOTE:** A completed Temporary Practice Application must be provided by the applicant separately or along with this declaration.

Worksite name:  Worksite address:  Proposed employment start date (DD/MM/YYYY):	Primary supervisor's name:  Primary supervisor's phone number:  Primary supervisor's email:
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**The primary supervisor** coordinates supervision received on a worksite and is responsible for ensuring that the temporary practice permit holder is always under the supervision of a regulated member(s) who:

1. practices in the same specialty and
2. is physically present and available to assist the person with performing restricted activities, as needed.

## Section 3: Supervisor Declaration

I will ensure that this applicant is always under the supervision of a regulated member(s) who (1) practices in the same area of practice and (2) is physically present and available to assist the applicant with performing the restricted activity, as needed.

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

### After the completed application has been received and approved by the College:

The supervisor and the applicant will receive confirmation of the applicant's registration from the College.

A completed Temporary Practice Application form must be sent along with or separately from this application form. Please remember to plan at least three to four business days from the time the completed application has been received by the College to the time that a temporary practice permit is issued to the applicant.

# Temporary 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 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.

You are eligible to apply for a temporary practice permit if you have obtained employment in your specialty and are a new graduate of an educational program that has been accredited by the Canadian Medical Association or Accreditation Canada, but you have not yet successfully completed the approved certification examination requirement (e.g., Canadian Association of Medical Radiation Technologists (CAMRT) or the Canadian Board of Registration of Electroencephalograph Technologists (CBRET) certification exams.)

A new graduate with a temporary practice permit must practice under the supervision of a regulated member who:

1. practices in the same area of practice as the person registered in the temporary register  
**and**
2. is physically present and available to assist the person with performing the restricted activity, as needed.

As per this legislation, you are required to hold a practice permit issued by this College **prior** to practicing in Alberta. *It is unlawful to practice the profession in Alberta without a valid practice permit issued by the College.*

## Temporary Practice Application

### 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 which is 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.

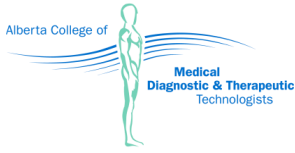
***Please remember to update your record with the College of any change in name, home or employment information within 10 business days of the change.***

### Section 2: Specialty

Indicate the speciality for which you are registering.

### Section 3: Employment Information

You must record your employer's and primary supervisor's information. Your primary supervisor coordinates supervision received on a worksite and is responsible for ensuring that you are always under the supervision of a regulated member who (1) practices in the same area as you and (2) is physically present and available to assist you with performing restricted activities, as needed. If you have two or more 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. Indicate the date you plan to write your certification exam (e.g. CAMRT or CBRET). You must indicate whether your educational program was a diploma or degree. If you have additional education or certification, please submit a copy of your certificate, diploma or degree with this application.

#### **Section 5: Registration Requirements & Declaration of Conduct**

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: 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 7: 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 professional liability coverage 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/>

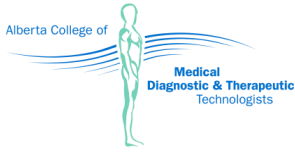
You are encouraged to email or call the College with any questions or concerns regarding your PLI prior to completing this declaration as your signature in this section means that you are in compliance with PLI requirements at the time you sign the form.

#### **Section 8: 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 agree to and understand all statements you have checked in this section.

#### **Checklist of documents for a complete temporary practice application to the College:**

- Completed Temporary Practice Application form and fees
- Completed Temporary Practice Application form(s): Supervisor Declaration
- Copy of your diploma or degree (if the educational program that qualifies you to practice the profession is not from Alberta)
- 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



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

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 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.

## Temporary Practice Application: Supervisor Declaration

This application may be sent along with or separately from your Temporary Practice Application. Both the applications are required by the College to be considered for a temporary practice permit. If you have more than one employer, please provide a supervisor declaration for each.

### Section 1: Applicant Information

Indicate for which speciality you are registering. You must sign and date the declaration. Your signature confirms that you understand and agree to this declaration.

### Section 2: Employment Information

Supply your employment information as required. Your primary supervisor coordinates supervision received on a worksite and is responsible for ensuring that you are always under the supervision of a regulated member(s) who (1) practices in the same specialty and (2) is physically present and available to assist you with performing restricted activities as needed. If you have more than one worksite, you must complete this application for each primary supervisor.

### Section 3: Supervisor Declaration

Your primary supervisor, as listed in the previous section, must sign and date the declaration. Your supervisor's signature means that they understand and agree with this declaration. If you have more than one worksite, each primary supervisor must complete this application.

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

- The College will attempt to process your application for registration within four business days of receiving the completed application form and all required documentation. *It is unlawful to practice the profession in Alberta without a valid practice permit issued by the College.*
- The College will email you the website and login information needed to access the REM.
- The College will send you and your supervisor confirmation once your practice permit has been issued and instructions on accessing your temporary practice permit through the College website.

# 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.