

## General Registration Application

### Section 1: Applicant Information

Legal last name	Legal given name(s)	Date of birth (DD/MM/YYYY)
Previous last name (if applicable)	Practice name (if different from legal name)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X
Home address	City/Province/Country	Postal code
Email	Telephone	

**Yes, please send me membership services information via email** (e.g., newsletter, continuing education opportunities)

### Section 2: Specialty

Radiological     Radiation Therapy     Nuclear Medicine     Magnetic Resonance     Electroneurophysiology

### Section 3: Employment Information

#### Primary Place of Practice in Alberta

Employer's name:  
Employer's address:  
Work phone number:  
Supervisor's name:  
Supervisor's phone number:  
Supervisor's email:  
Start date: (If changing status from associate to general provide your return date)  
DD          MM          YYYY

#### Secondary Place of Practice in Alberta

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

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



**Section 5: Registration Requirements and 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 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 a 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 |
| 7. Do you give permission to the College to contact any authority or association in any jurisdiction to verify the above statements? <i>(The College must be able to verify your information.)</i>   | 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 June 30)
- \$350 associate to general (prior to June 30)     \$125 associate to general (after June 30)

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)

\*If you held a student membership with the College within two years of the date of application or are moving from associate status, you are exempt from paying the \$100 application fee. Applicants moving from temporary to general registration are not required to pay any additional fees (application or registration) for the current registration year.

**Section 8: 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 \$1,000,000 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, Sonography Canada, Medical Imaging Ed)      Policy Number: \_\_\_\_\_
- Employer: \_\_\_\_\_      Policy Number: \_\_\_\_\_

**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 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 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.

**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 and continually advancing professions.

# Currency of Practice Hours

Section 1: Applicant Information			
Legal last name	Legal given name(s)	ACMDTT #	Practice name (if different from legal name)
Section 2: Practice Hours (this section is to be completed by the applicant's employer/supervisor)			
<b>1) Applicant's specialty</b>			
<input type="checkbox"/> Radiological <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Nuclear Medicine <input type="checkbox"/> Magnetic Resonance <input type="checkbox"/> Electroneurophysiology			
<b>2) Record of practice hours (that the applicant has practiced in the above specialty)</b>			
Year (Jan. - Dec.)	Facility/Organization	Number of Hours Worked in Specialty	
2020			
2019			
2018			
2017			
2016			
2015			
<ul style="list-style-type: none"> <li>• If the applicant has practiced full time, part time or casual in the specialty, please enter the number of hours practiced per year.</li> <li>• If the applicant did not practice in the specialty that year, enter '0'.</li> <li>• Practice hours do not include vacation, sick time, leave of absence or any other paid/unpaid non-practice hours.</li> <li>• 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.</li> </ul>			
<b>3) Employer/supervisor's declaration</b>			
<i>I confirm that the information contained in this form is true to the best of my knowledge.</i>			
Facility/organization			
Employer/supervisor's name		Employer/supervisor's title	
Telephone		Email	
Employer/supervisor's signature		Date (DD/MM/YYYY)	

# 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: Applicant Information

The personal information required on this form is used to determine 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 [acmdtt.com/privacy-policy](http://acmdtt.com/privacy-policy).

### Legal name vs. Practice name

You must provide your legal first and last name as registered with national, provincial and/or local government. The 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.

### Email

Please provide your email address. By choosing "Yes" to receiving member services information, you are providing consent to receive electronic messages regarding member services such as branch activities for professional development, the annual conference and the College newsletter. Electronic messages to communicate related regulatory matters that fall under the HPA will continue to be sent to all members electronically regardless of their consent decision regarding membership services.

***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 for which specialty(ies) 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 specialty(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 specialty(ies).

**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 specialty.



## Section 5: Registration Requirements and 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 or changed to associate status and are seeking reinstatement are also required to provide a criminal record check. See [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 at [acmdtt.com/currency-of-practice-hours](http://acmdtt.com/currency-of-practice-hours). This form must be signed by your employer or supervisor. If a member seeks an exception to providing the currency of practice hours form, please provide a documented request for the Registrar's consideration.

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

## 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 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) protects 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 sources may be found on our website at [acmdtt.com/pli](http://acmdtt.com/pli).

You are encouraged to email or call the College with any questions or concerns regarding your PLI before completing this declaration as your signature in this section means that you comply 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.

## Regulation, 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 *Medical Diagnostic and Therapeutic Technologists Profession Regulation* (the Regulation), Code of Ethics and Standards of Practice are the major documents that 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 [acmdtt.com/authorization](http://acmdtt.com/authorization).

#### **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 (submitted online through myBackCheck; see Appendix 1 for details)

#### **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.*

# Currency of Practice Hours Guide

This form must be completed and emailed, faxed or mailed to the College by applicants or regulated members wishing to claim practice hours.

The mandate of the College is to protect the public of Alberta. This driving principle is upheld through requirements and procedures established by the *Health Professions Act* and the *Medical Diagnostic and Therapeutic Technologists Profession Regulation* (the Regulation).

The Regulation requires that medical radiation technologists (MRTs) and electroneurophysiology technologists (ENPs) provide assurance of the currency of their skills and knowledge to practice on the public of Alberta as evidenced through 800 hours practiced in their primary specialties and 160 hours in their secondary specialties within the most recent five-year window. The practice of MRTs and ENPs may encompass both direct clinical practice and/or roles such as administration, management, education and research. Should you have questions about your practice applicability, please contact the College.

## Section 1: Applicant Information

The personal information required on this form is used for the purposes of matching your Currency of Practice Hours form to your application or registration.

## Section 2: Practice Hours

Your employer or supervisor of the facility from which you are claiming practice hours must complete this section.

### 1) Applicant's Specialty

Indicate the specialty in which the hours have been practiced.

### 2) Record of Practice Hours

The number of hours practiced must be entered per specialty. 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, a separate Currency of Practice Hours form for each employer and/or specialty must be completed.

### 3) Declaration

The employer or supervisor must complete all required information. The employer or supervisor's signature means that the practice hours entered are true to the best of their knowledge.



## Appendix 1

### Requirements for a criminal record check

All applicants are required to submit a criminal record check conducted no more than six months before applying to the College. **As of July 31, 2020, the College requires that all applicants residing in Canada complete their criminal record checks through myBackCheck, an online service provided by Sterling Backcheck.**

MyBackCheck is a quick and easy-to-use service that provides applicants with a more cost-effective way of obtaining criminal record checks.

The fee for this service is \$29, paid directly to Sterling Backcheck through their secure online payment gateway. The College receives the results directly from Sterling Backcheck, generally within 4 to 24 hours of the request, allowing for a more efficient and streamlined application process. Applicants may also choose to forward their myBackCheck result to another agency or employer that is registered with Sterling Backcheck at no additional cost.

Applicants should follow the instructions at [acmdtt.com/backcheck](http://acmdtt.com/backcheck) to complete their criminal record checks. **Applicants must initiate this process through the College's landing page in order for the College to receive the results directly and to receive the discounted rate of \$29.** All myBackCheck results are considered valid for six months from the date of issue.

Please note that applicants residing outside of Canada cannot apply using myBackCheck; see [acmdtt.com/crc](http://acmdtt.com/crc) for details on how to obtain a criminal record check if you currently live in another country.