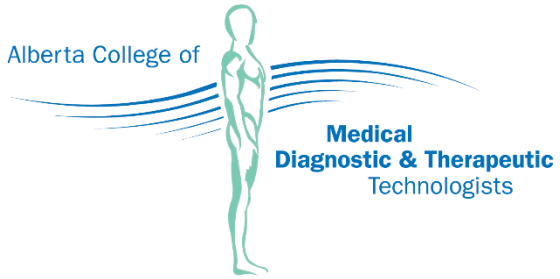


**Mission Statement**

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 a regulated and continually advancing profession.

# MEMBER PORTAL GUIDE

July 23, 2020

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If you have any questions about this document or about the member portal, please contact the College at info@acmdtt.com or 780.487.6130.

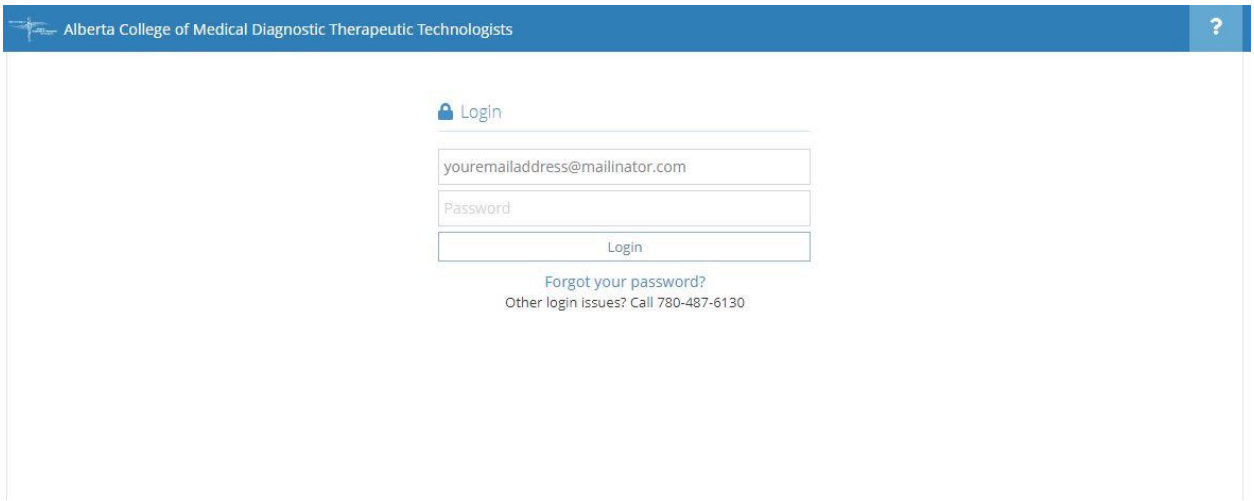
# Welcome

This quick how-to guide will help you navigate the new member portal. The table of contents is available for ease of information, and the graphics below explanations are provided as a visual guide for your convenience.

# Login

Welcome to the new member portal. To access this portal, please click the link below or copy and paste it into the internet browser of your choice.

https://acmdttv6.alinityapp.com/



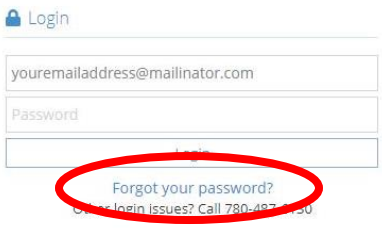

1. To log in, your username is the email address you have provided the College. If you do not know the email address on file, please contact the College at info@acmdtt.com or 780.487.6130. You may be asked a series of questions regarding your registration at the College.

2. Your password has not changed; use your current member portal password to log in. Please visit page 3 or click here to be directed on how to reset your password.

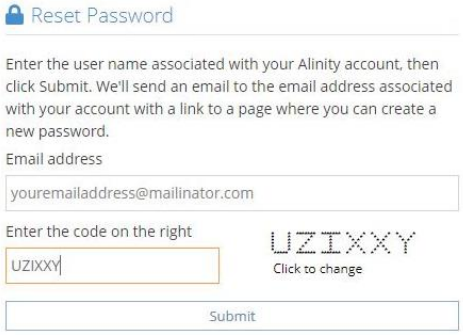
# Reset Password

If you have forgotten your password, please follow the following steps.

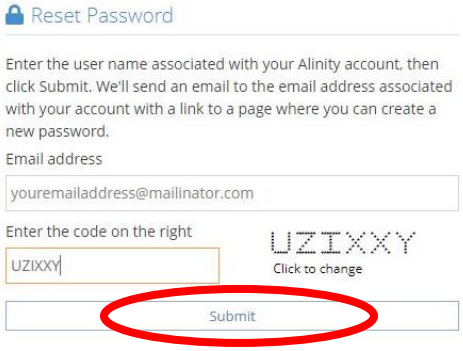
1. Select "Forgot your password?" as shown below.



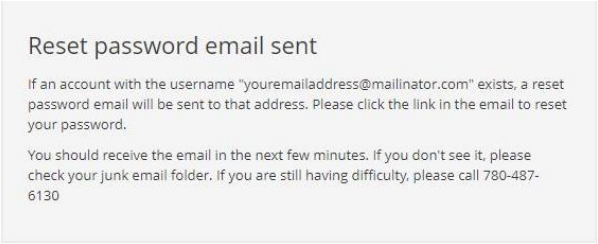

2. Enter your email address and the code located on the right side.




3. Click "Submit."



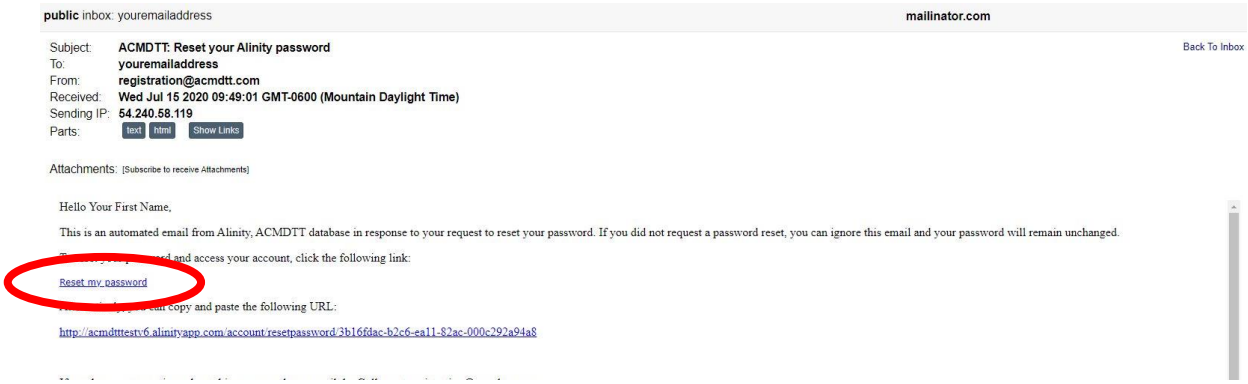

4. Check your email for a "reset password" email. Please be sure to check your junk folder as it may have been placed there. <u>NOTE: the email may take up to 15 minutes.</u>



5. Open the email.

| X | From | Subject | Received |
|---|---|---|---|
| ☐ | ACMDTT Registration | ACMDTT: Reset your Alinity password | 2 minutes ago |
| ☐ | ACMDTT Registration | [illegible] | 10 minutes ago |

6. Click the link provided in the email to reset your password. This will open a web page.



**public** inbox: youremailaddress **mailinator.com**

Back To Inbox

Subject: **ACMDTT: Reset your Alinity password**
To: **youremailaddress**
From: **registration@acmdtt.com**
Received: **Wed Jul 15 2020 09:49:01 GMT-0600 (Mountain Daylight Time)**
Sending IP: **54.240.58.119**
Parts: text html Show Links

Attachments: [Subscribe to receive Attachments]

Hello Your First Name,

This is an automated email from Alinity, ACMDTT database in response to your request to reset your password. If you did not request a password reset, you can ignore this email and your password will remain unchanged.

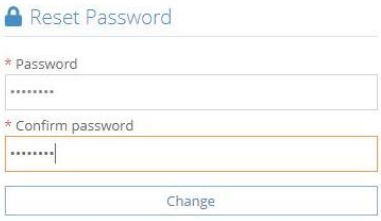
[illegible] and access your account, click the following link:

Reset my password

[illegible] copy and paste the following URL:

http://acmdttestv6.alinityapp.com/account/resetpassword/3b16fdac-b2c6-ea11-82ac-000c292a94a8

7. Enter your new password. Be sure to use a password that you can easily remember.



Reset Password

* Password

********

* Confirm password

********

Change

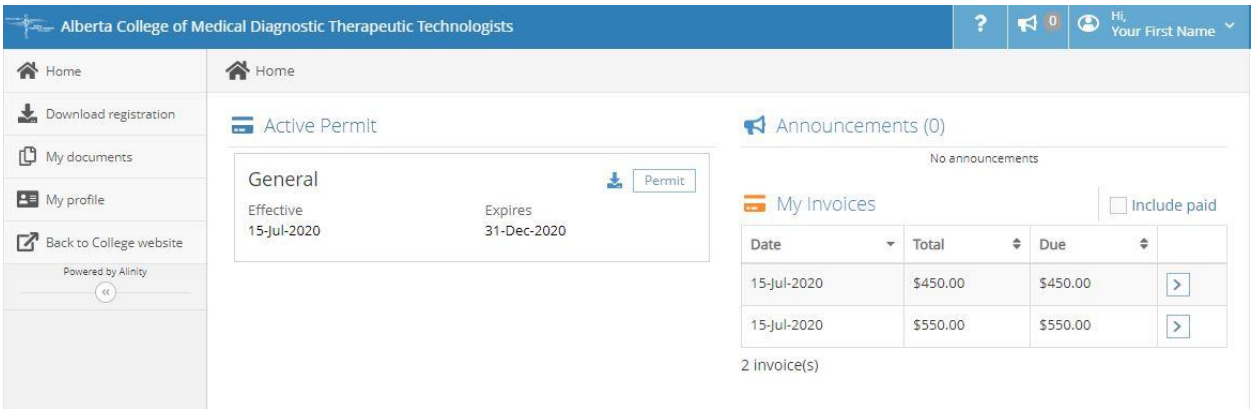
8. Click "Change."

9. Your password has now been reset. To log in, please follow the steps on page 2.

If you need further assistance, please contact the College at info@acmdtt.com or 780.487.6130.

# Home Page

After logging in, you will be brought to your home page. The home page provides a shortcut to your active permits, announcements, invoices and annual renewal (during renewal time).

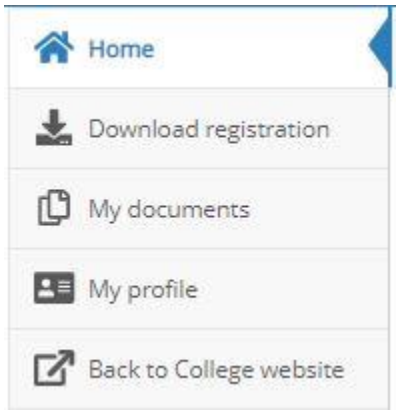



## Help Bar

On the top of your screen, you will find the help bar. The icons on the top right give you access to view the College's contact information, see announcements, change your password and log out.

## Control Panel

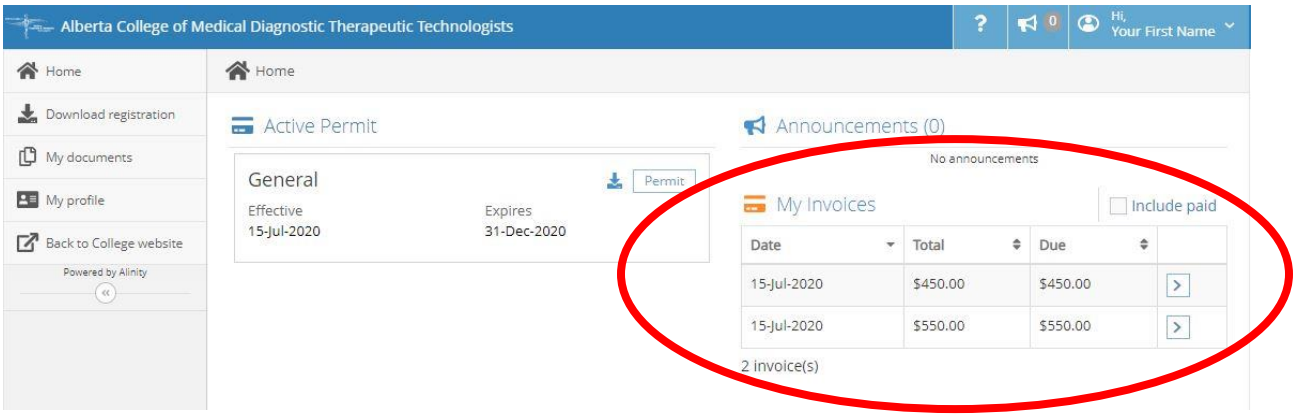
On the left side of your screen, you will find your control panel, as shown below. This control panel gives you access to download your practice permit and receipts, view documents you have submitted to the College online, view and edit your profile and return to the College website.




Please read the following pages of the manual to understand how each section works.

# Invoices

If you are required to pay an invoice online, your invoice will be found on your home page on the right side. Please note that all members will be required to pay their invoices online if paying by Visa, Mastercard, Visa Debit or Debit Mastercard.

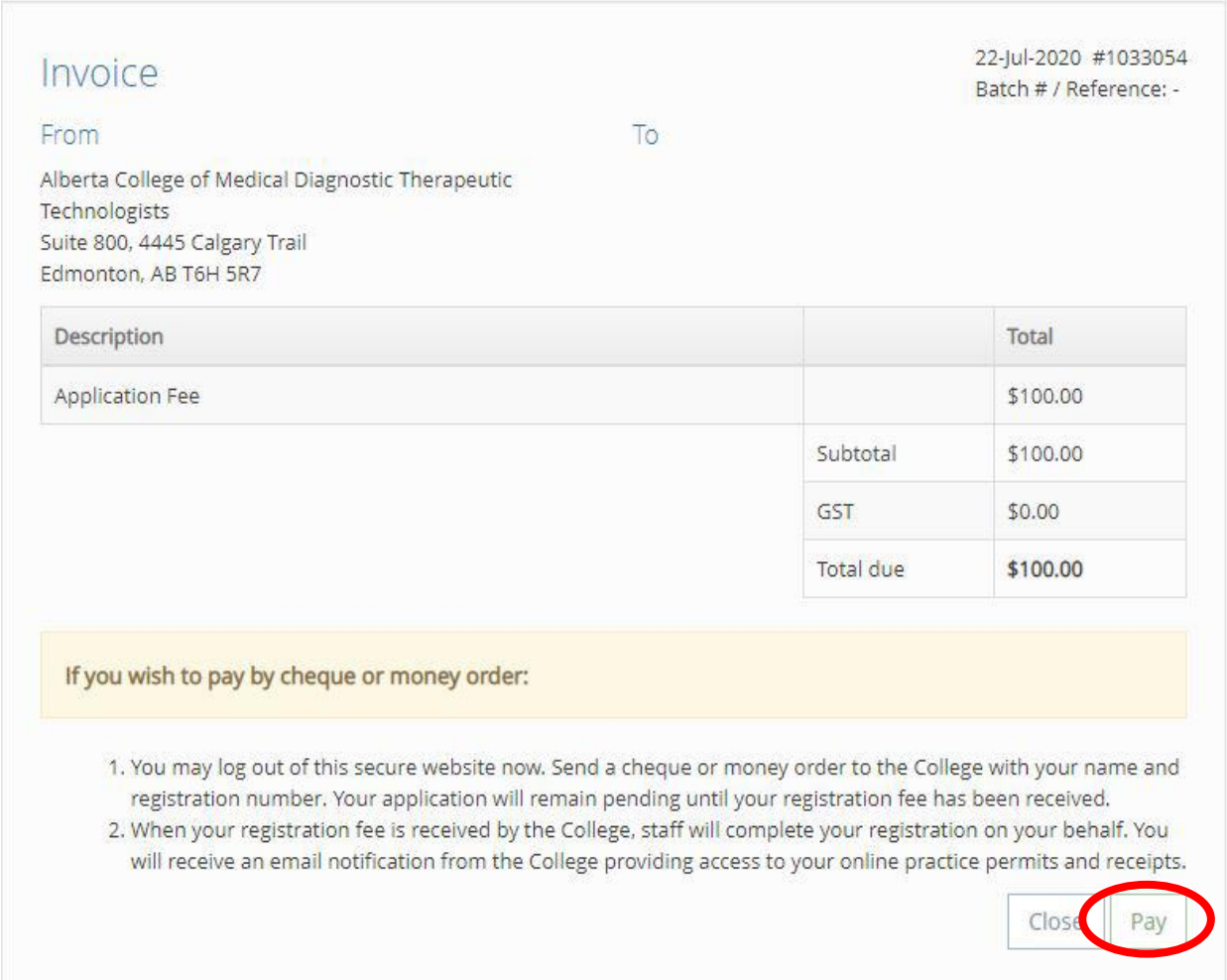



This section provides you a list of the outstanding invoices you are required to pay for registration changes and annual renewal. To view previously paid invoices, select the "Include paid" box. To obtain a receipt of a previously paid invoice, please select "Include paid" and select the paid invoice you want to print.

## Pay an Invoice

1. To pay an invoice, select the invoice you are required to pay using the arrow, as shown below. You will be taken to a copy of the invoice. You can pay online via Visa, Mastercard, Visa Debit or Debit Mastercard, or you can provide the College with a cheque or money order.

2. Details of the invoice will be outlined. Select "Pay" to be taken to the payment page.



Invoice

22-Jul-2020 #1033054
Batch # / Reference: -

From

Alberta College of Medical Diagnostic Therapeutic Technologists
Suite 800, 4445 Calgary Trail
Edmonton, AB T6H 5R7

To

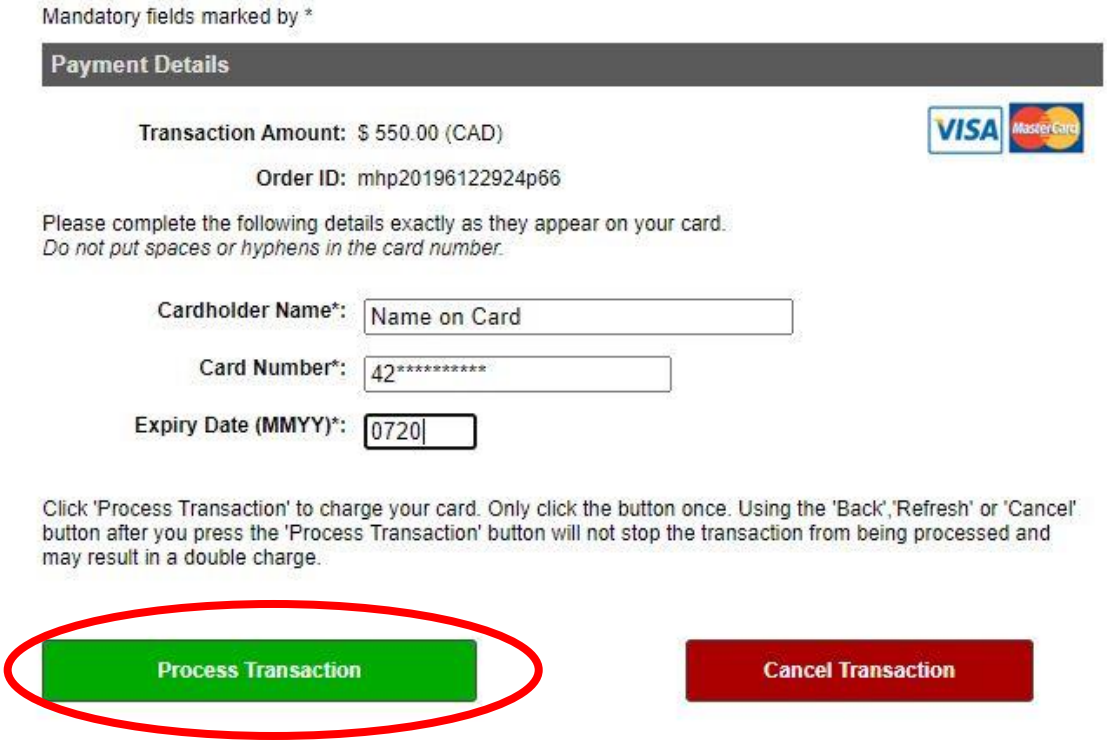
| Description | | Total |
|---|---|---|
| Application Fee | | $100.00 |
| | Subtotal | $100.00 |
| | GST | $0.00 |
| | Total due | **$100.00** |

If you wish to pay by cheque or money order:

1. You may log out of this secure website now. Send a cheque or money order to the College with your name and registration number. Your application will remain pending until your registration fee has been received.
2. When your registration fee is received by the College, staff will complete your registration on your behalf. You will receive an email notification from the College providing access to your online practice permits and receipts.

Close | Pay

3. You are now required to fill in payment information. Once you have entered your information, select "Process Transaction" and wait to be taken to the confirmation page. The payment is complete if you receive confirmation.



Mandatory fields marked by *

**Payment Details**

**Transaction Amount:** $ 550.00 (CAD)

**Order ID:** mhp20196122924p66

Please complete the following details exactly as they appear on your card.
*Do not put spaces or hyphens in the card number.*

**Cardholder Name*:** Name on Card

**Card Number*:** 42**********

**Expiry Date (MMYY)*:** 0720

Click 'Process Transaction' to charge your card. Only click the button once. Using the 'Back','Refresh' or 'Cancel' button after you press the 'Process Transaction' button will not stop the transaction from being processed and may result in a double charge.

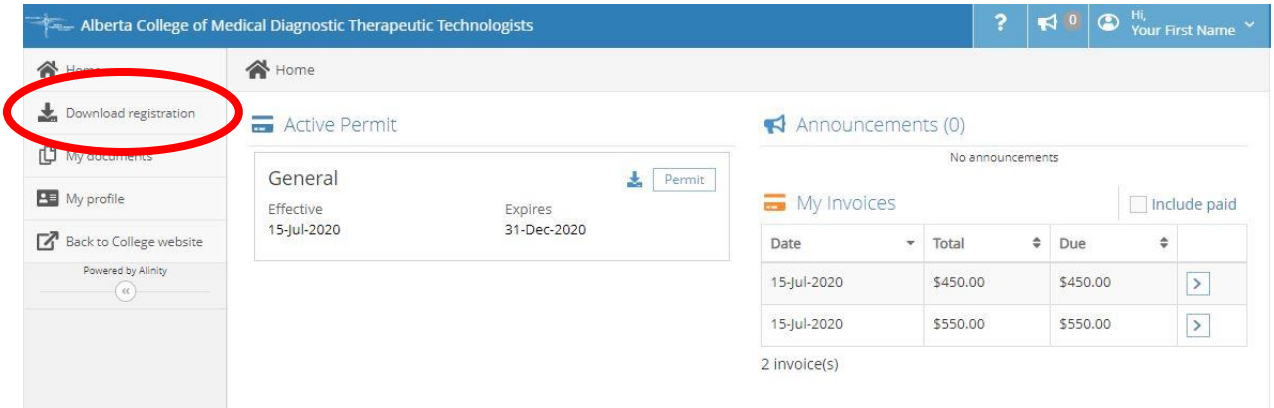
Process Transaction | Cancel Transaction

**Payment Error**

If you receive a payment/transaction error or if you have been double-charged, please contact the College.

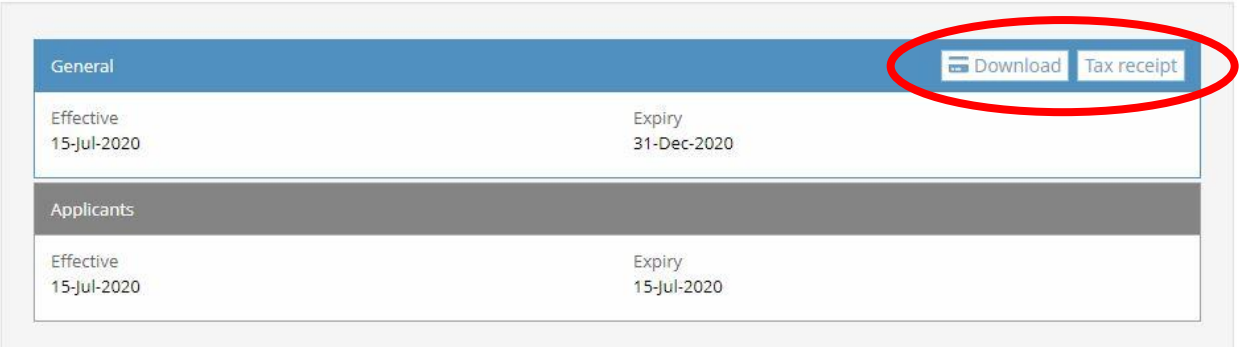
# Download Registration/Practice Permits

To download your registration information, practice permits and receipts, select "Download registration" on your control panel.




You will be taken to your registration information.

1. To print your practice permit, select "Download."
2. To print a receipt, select "Tax receipt."

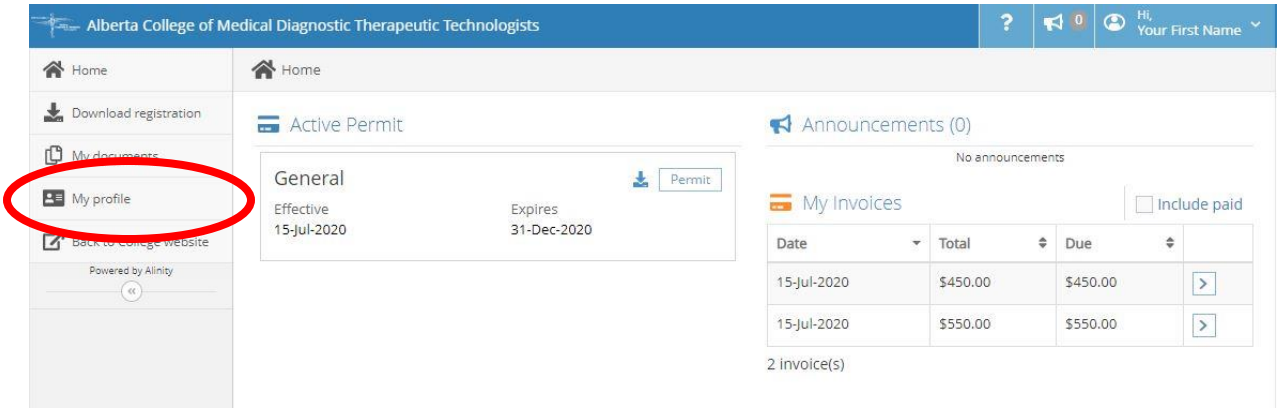



# My Documents

The "My documents" section provides a list of documents submitted by you online. You can click into each document to see the details of what was submitted.

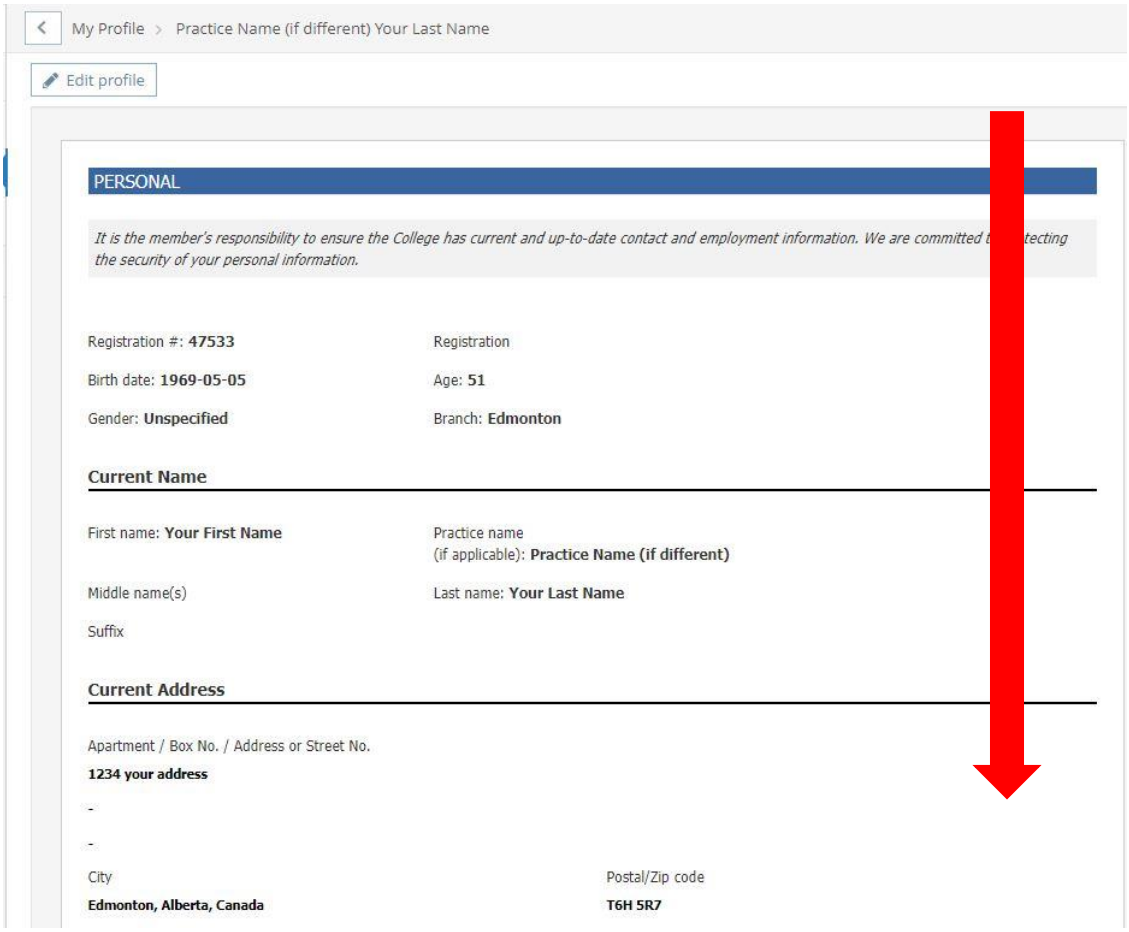
# Profile

To view or edit your profile, select "My Profile" on your control panel.



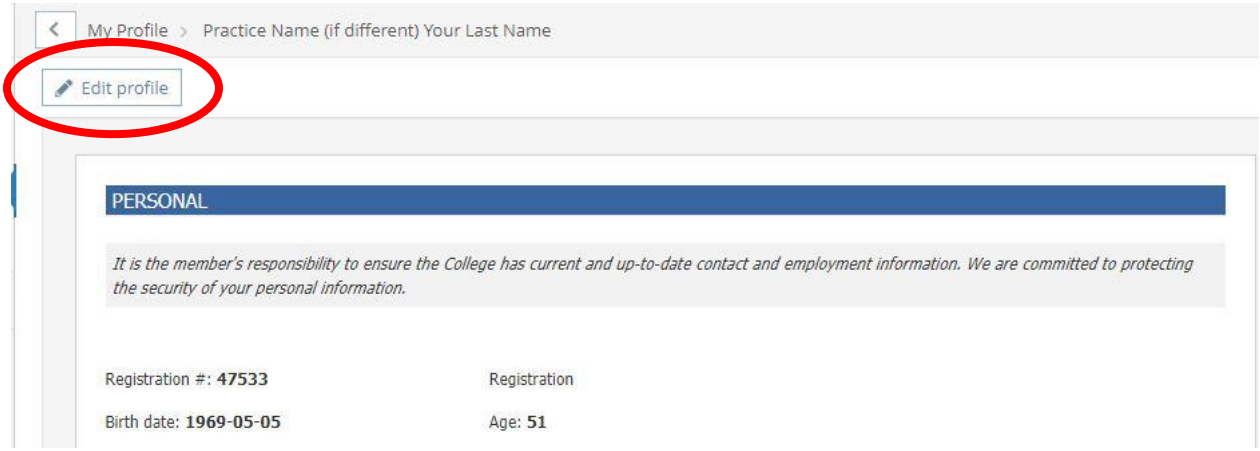

## View Your Profile

Your profile hosts a vast amount of information that you have submitted to the College through your applications. To view this information, you can scroll down your profile page.



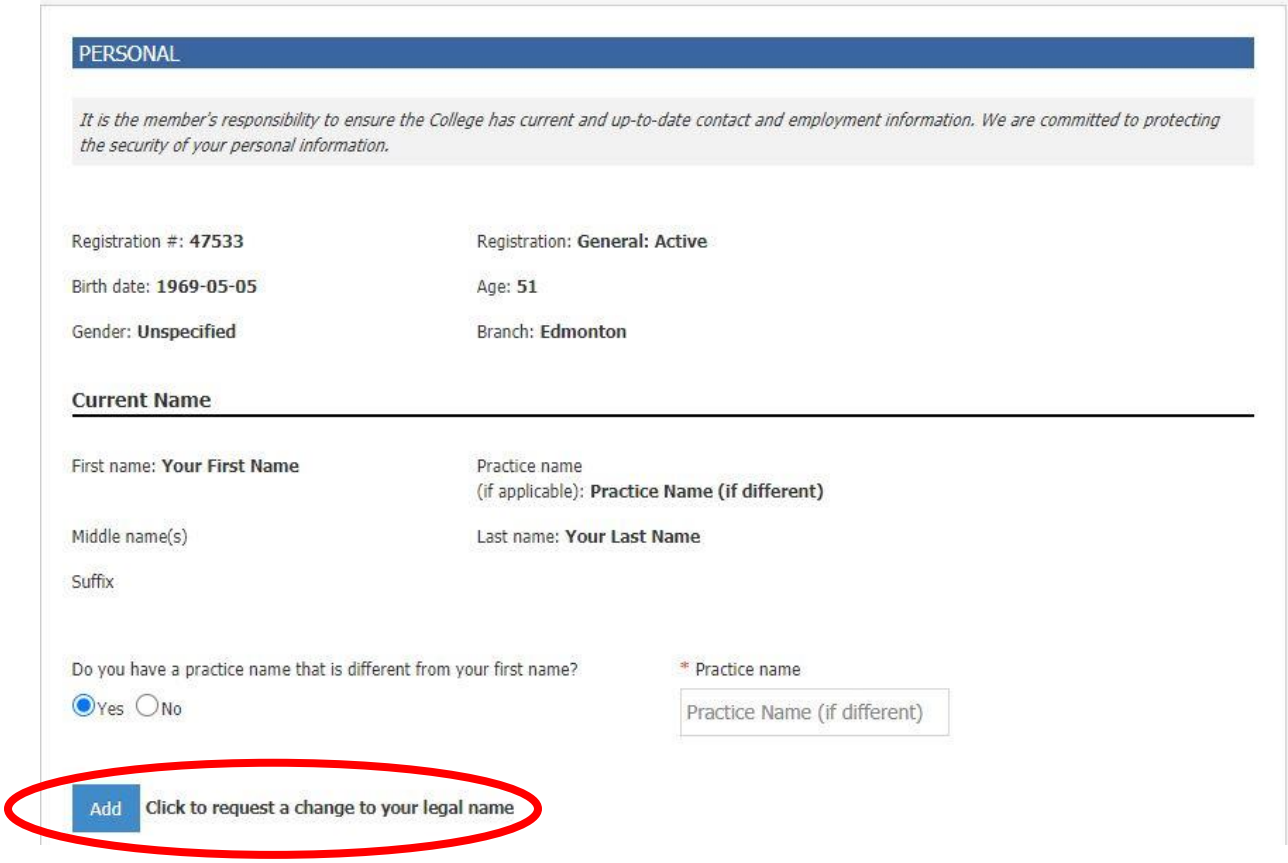
# Edit Profile

You can edit information on your profile by clicking "Edit profile" at the top of the page. The following information will help you make these changes. Please note that you cannot edit your registration number, date of birth, gender or branch information.

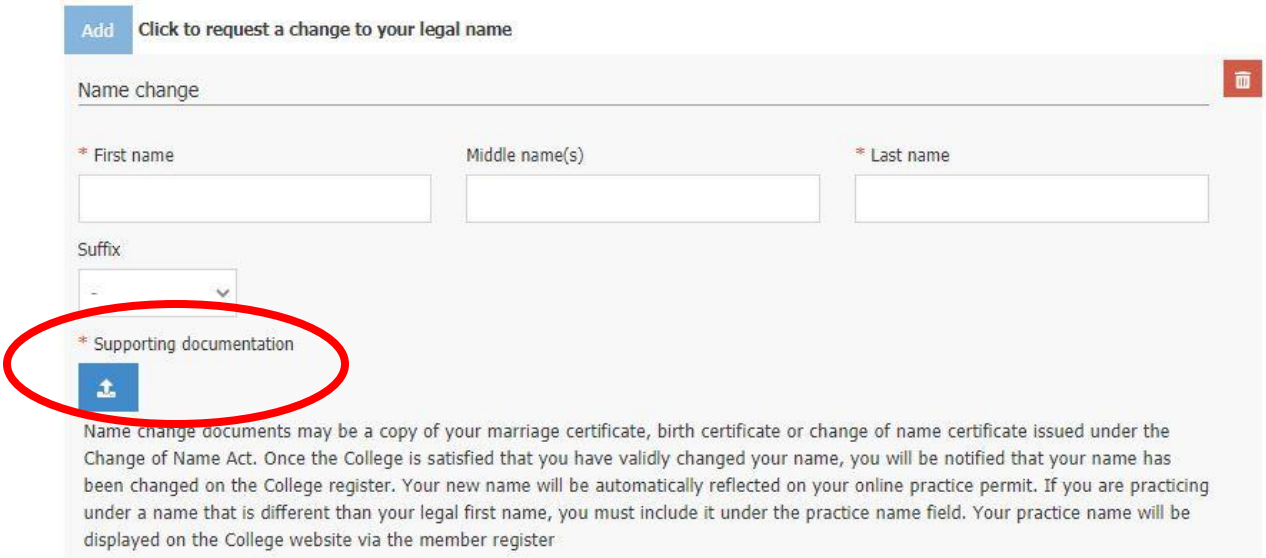



## Name Change

1. To change your legal name, select "Add" as shown below.



2. Fill in the required information.



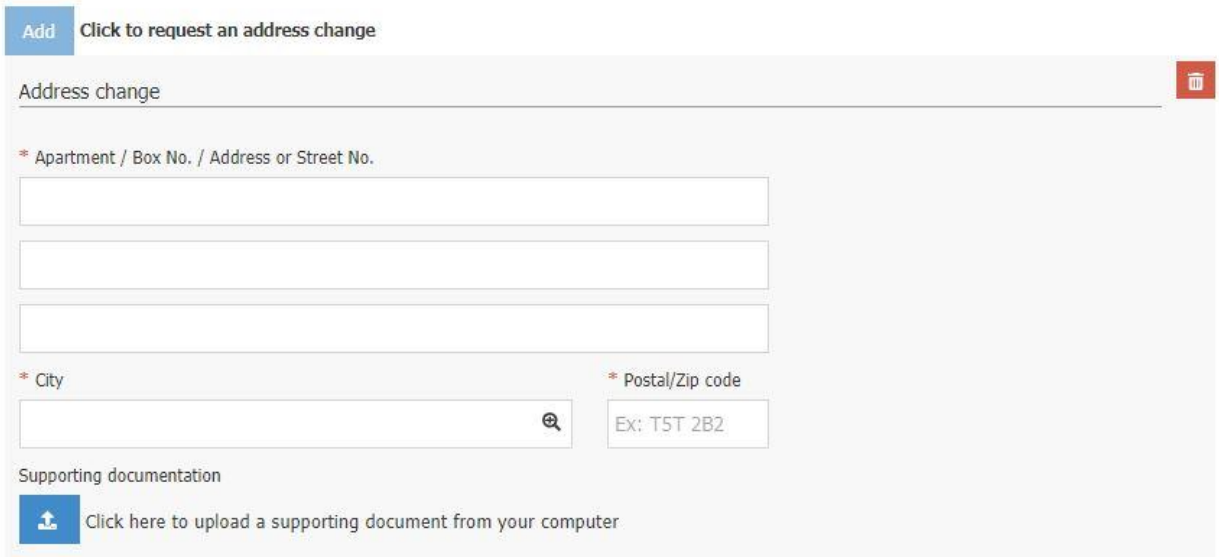

3. Provide proof of name change by clicking the blue "upload" button, as shown above. Upload supporting documentation such as a copy of your marriage certificate, birth certificate or change of name certificate issued under the Change of Name Act. Note: Documents must be in PDF or JEPG format.

4. If no other changes are required, follow steps 1 to 3 on page 20.

## Address Change

1. To change your address, select "Add" as shown below.

2. Fill in the required information.

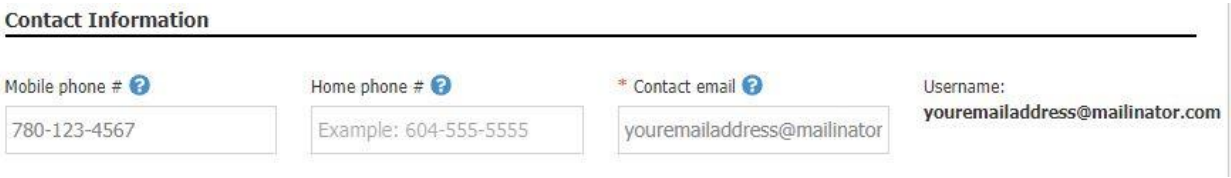



3. If no other changes are required, follow steps 1 to 3 on page 20.

## Contact Information

1. To edit contact information, fill in the required information below.

Note: If you have updated your email address, your original email address will still be your username.



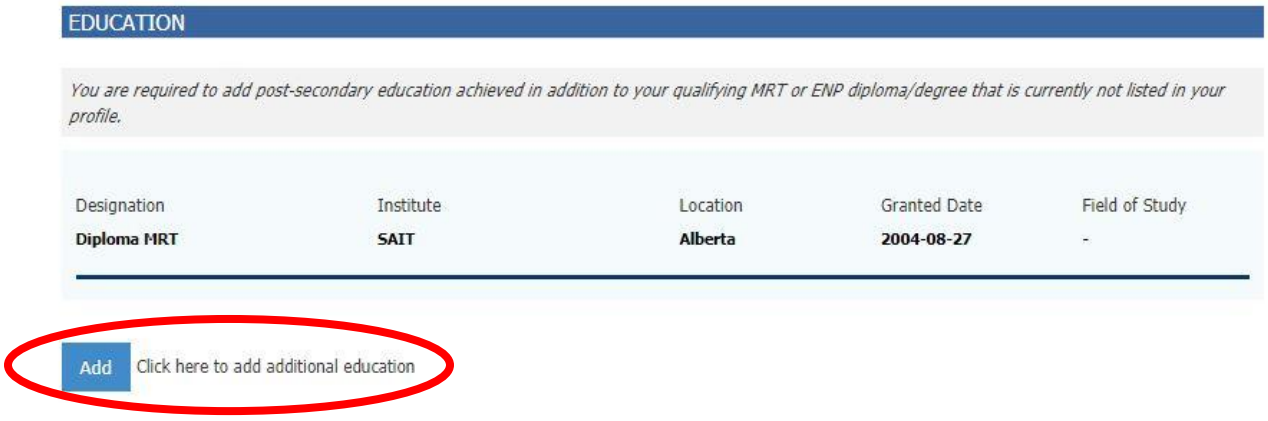

2. If no other changes are required, follow steps 1 to 3 on page 20.

## Consent

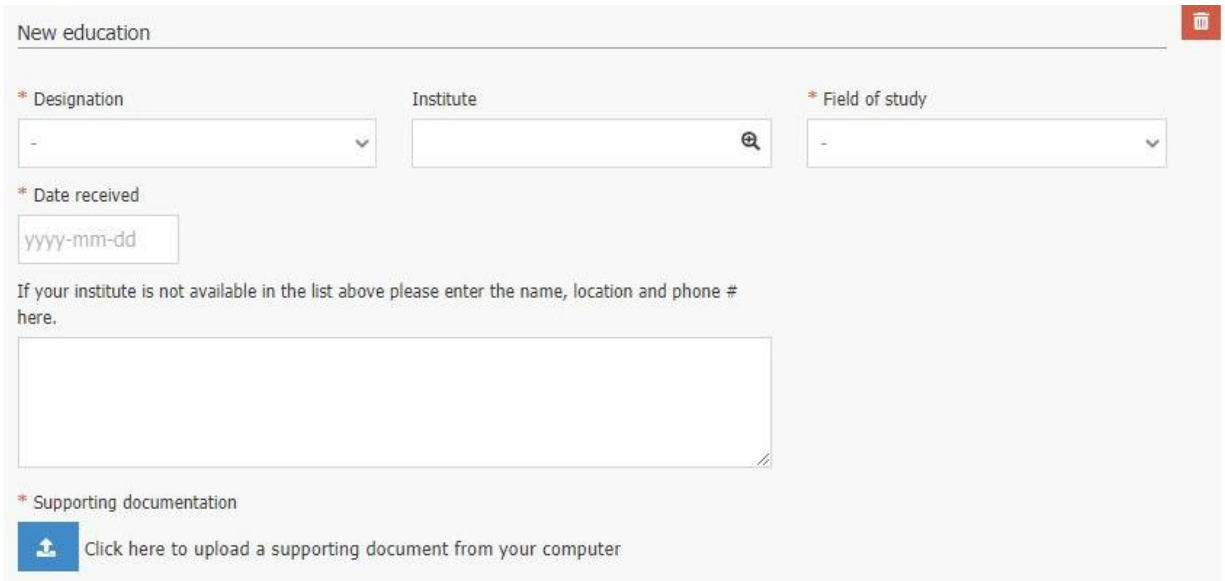
The College would like to know if members are clinical educators or preceptors; please check whether the College has the correct response to this section of your member profile.

## Education

1. To add additional education, click the "Add" button as shown below.




2. Fill in the required information.




3. Upload supporting documentation, such as proof of program completion, for other programs you have completed since you registered in the College. Do this by clicking the blue "upload" button as shown above. Note: Documents must be in PDF or JEPG format.

4. If no other changes are required, follow steps 1 to 3 on page 20.

## Certifications

Changes to certifications can only be done through the College. Please contact the College if you wish to update your certification by sending an email to registration@acmdtt.com or by phoning 780.487.6130.

CERTIFICATIONS

| Certification | Issuer | Granted Date |
|---|---|---|
| **Nuclear Medicine** | **Canadian Association of Medical Radiation Technologists** | **2006-05-16** |

## Employment Status

1. To change your employment status, select an option from the dropdown list.

2020 EMPLOYMENT

*You are required to report your overall employment status between **01-Jan-2020** and **31-Dec-2020**.*

* Employment status

Employed in MRT or ENP

## Employment Information

### Edit Employment Information

1. To edit employment information, select "Yes" as shown below.

**Employment**

*The College requires ALL regulated members to ensure their employment information is accurate and current. Should any of the employment information below be inaccurate, please make the necessary changes to the employer in the section below.*

**ACMDTT**

| | | |
|---|---|---|
| Full/Part time status<br>**Full-Time** | Position title<br>**Manager** | Employment category<br>**Permanent Employee** |
| Major function in diagnostic and therapeutic services<br>**Administration/Management** | Age range of patients<br>**All ages** | |
| Main area of practice<br>**Nuclear Medicine General - SPECT, SPECT/CT** | | |
| Other areas of practice (max 3)<br>- | | |
| Work phone<br>**780-487-6130** | * Start date<br>**2018-11-05** | |
| Average weekly hours<br>**35** | Weeks worked per year<br>**52** | |

* Do you need to make changes to the above employer?

◯ Yes ◯ No

2. Fill in the required information.

**Changes**

Full/Part time status: Full-Time

Position title: Manager

Employment category: Permanent Employee

Major function in diagnostic and therapeutic services: Administration/Management

Age range of patients: All ages

Main area of practice: Nuclear Medicine General - SPECT, SPE

Other areas of practice (max 3)

- [ ] Bone Mineral Densitometry
- [ ] Brachytherapy
- [ ] CT (Computed Tomography )
- [ ] Dosimetry/Treatment Planning
- [ ] Electroencephalography (EEG)
- [ ] Electromyography (EMG)
- [ ] Evoked Potential
- [ ] Fluoroscopy
- [ ] Interventional Radiography/Angiography
- [ ] Magnetic Resonance Angiography (MRA)
- [ ] Magnetic Resonance Imaging General
- [ ] Mammography
- [ ] Nuclear Medicine General - SPECT, SPECT/CT
- [ ] Nuclear Medicine Imaging - PET, PET/CT
- [ ] Nuclear Medicine Radio pharmacy
- [ ] Nuclear Medicine Therapy/Non-Imaging
- [ ] Other
- [ ] Quality Assurance
- [ ] Radiation Therapy General
- [ ] Radiological Technology General
- [ ] Ultrasound

3. Fill in employment information.

Work phone: 780-487-6130

* Start date: 2018-11-05

End date (if applicable): yyyy-mm-dd

* Average weekly hours: 35

* Weeks worked per year: 52

4. If no other changes are required, follow steps 1 to 3 on page 20.

## To Add Employment Information

1. To add employment information, select "Add" as shown below.

**Employment**

*The College requires ALL regulated members to ensure their employment information is accurate and current. Should any of the employment information below be inaccurate, please make the necessary changes to the employer in the section below.*

**ACMDTT**

| | | |
|---|---|---|
| Full/Part time status<br>**Full-Time** | Position title<br>**Manager** | Employment category<br>**Permanent Employee** |
| Major function in diagnostic and therapeutic services<br>**Administration/Management** | Age range of patients<br>**All ages** | |
| Main area of practice<br>**Nuclear Medicine General - SPECT, SPECT/CT** | | |
| Other areas of practice (max 3)<br>- | | |
| Work phone<br>**780-487-6130** | * Start date<br>**2018-11-05** | |
| Average weekly hours<br>**35** | Weeks worked per year<br>**52** | |

* Do you need to make changes to the above employer?

◯ Yes ◯ No

Add Click here to add additional employer(s)

2. Fill in the required information.

**Employer**

Organization

If your employer is not available in the list above please enter the name, location and phone # here

* Full/Part time status

* Position title

* Employment category

* Major function in diagnostic and therapeutic services

* Age range of patients

* Main area of practice

Other areas of practice (max 3)

- ☐ Bone Mineral Densitometry
- ☐ Brachytherapy
- ☐ CT (Computed Tomography )
- ☐ Dosimetry/Treatment Planning
- ☐ Electroencephalography (EEG)
- ☐ Electromyography (EMG)
- ☐ Evoked Potential
- ☐ Fluoroscopy
- ☐ Interventional Radiography/Angiography
- ☐ Magnetic Resonance Angiography (MRA)
- ☐ Magnetic Resonance Imaging General
- ☐ Mammography
- ☐ Nuclear Medicine General - SPECT, SPECT/CT
- ☐ Nuclear Medicine Imaging - PET, PET/CT
- ☐ Nuclear Medicine Radio pharmacy
- ☐ Nuclear Medicine Therapy/Non-Imaging
- ☐ Other
- ☐ Quality Assurance
- ☐ Radiation Therapy General
- ☐ Radiological Technology General
- ☐ Ultrasound

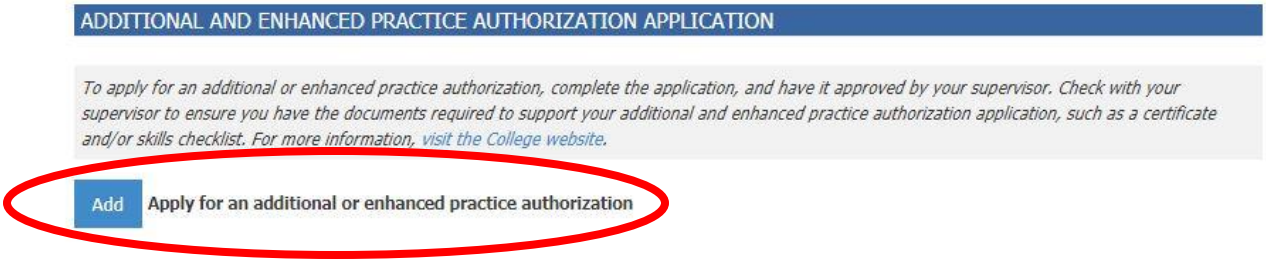
3. Fill in employment information.

| Work phone | * Start date | End date (if applicable) |
|---|---|---|
| 780-487-6130 | 2018-11-05 | yyyy-mm-dd |
| * Average weekly hours | * Weeks worked per year | |
| 35 | 52 | |

4. If no other changes are required, follow steps 1 to 3 on page 20.

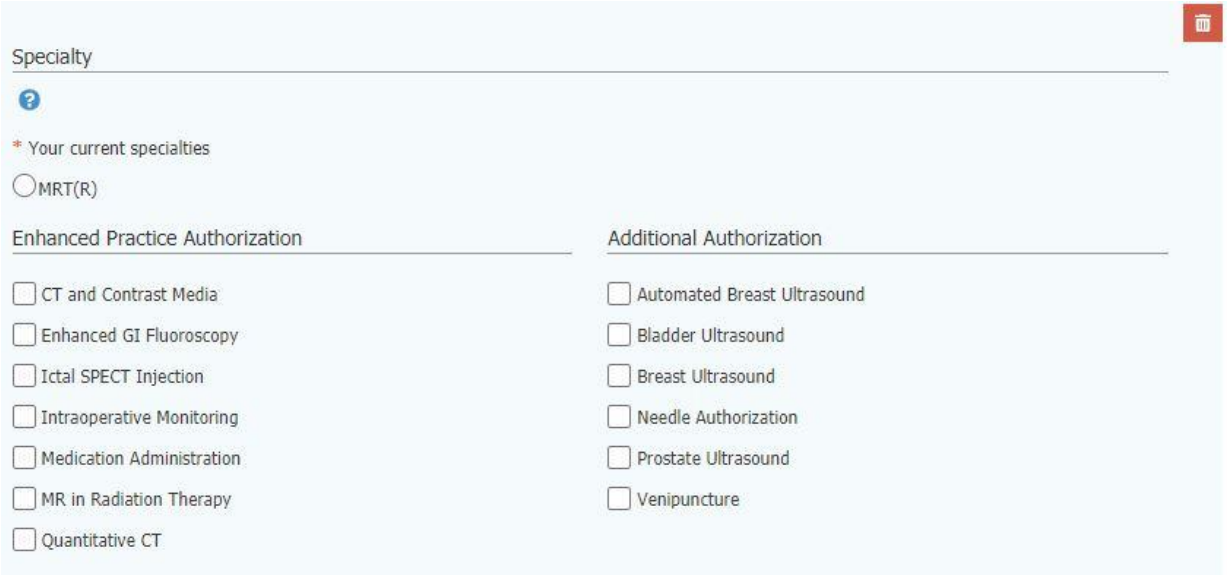
## Additional and Enhanced Practice Authorization

1. To apply for an additional or enhanced practice authorization, click "Add" as shown below.




2. Fill out the required information. Remember to select the specialty you are applying to at this time.

NOTE: Members can only apply for one additional or enhanced practice authorization per specialty at a time. To apply, you must submit a profile update for the additional or enhanced practice authorization and wait for the authorization to be verified by your supervisor and for the College to approve the authorization. Once you are approved for the additional or enhanced practice authorization, the College will notify you by email.




3. Fill in the required information about your program completion.

4. Upload supporting documentation by clicking the blue "upload" button, as shown below. You are required to submit the appropriate document(s) for the authorization you would like to have, which may include a certificate and/or a skills checklist. Please check with the College if you are unsure of the required documents. Note: Documents must be in PDF or JEPG format.

Program Completion

* Program Name

* Clinical Facility

* Completion Date

yyyy-mm-dd

* Certificate or skills checklist

Click here to upload a file/image

Skills checklist if certificate uploaded in prior field

Click here to upload a file/image

5. Fill in the supervisor's declaration. Please provide a valid email address for your supervisor as your supervisor will verify your additional and enhanced practice authorization.

Supervisor Declaration

* Facility

* Supervisor's first name

* Supervisor's last name

* Supervisor's title

* Supervisor's telephone

Example: 604-555-5555

* Supervisor's email

Please note that your supervisor will have to verify the information submitted above. An email will be automatically sent to them with the above information for their review.

6. Fill in the member declaration.

Member Declaration

☐ * 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 in spite of authorization, regulated members must restrict themselves to performing only those restricted activities that they are competent to perform and that are appropriate to their areas of practice and the procedures being performed.

☐ * I understand that performance of the additional restricted activities associated with the authorization indicated above may only occur with a valid and current condition of authorization listed on my practice permit.

7. If no other changes are required, follow steps 1 to 3 on page 20.

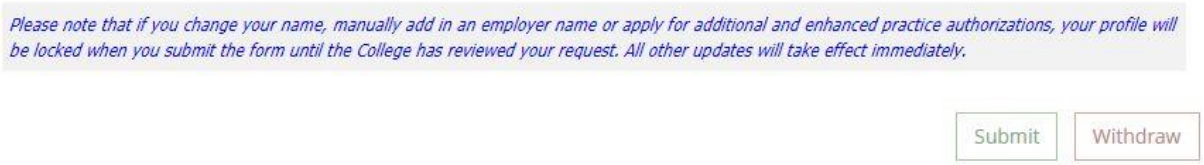
# Submitting Profile Changes

1. Once you have made the necessary changes to your profile scroll down to the bottom of the page.

2. Click "Submit."

3. If you have changed your name, manually added an employer or applied for an additional or enhanced practice authorization, your profile will be locked from further editing. The College will review the requested changes and approve your requests. If there are adjustments or additional documents required, the College will contact you.

4. If your profile has been locked, you will be notified in an email that your profile changes have been received and your profile update is being reviewed.




## Pending Profile Changes

You will receive a notification once your profile changes have been submitted for review.