



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.

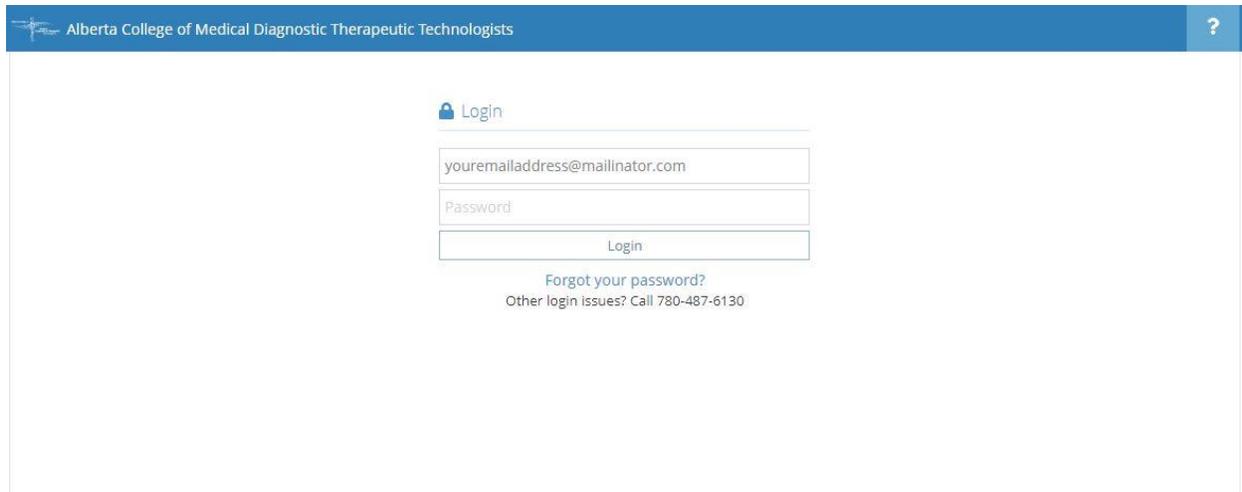
Welcome

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://acmdtv6.alinityapp.com/>



Alberta College of Medical Diagnostic Therapeutic Technologists

?

Login

youremailaddress@mailinator.com

Password

Login

[Forgot your password?](#)

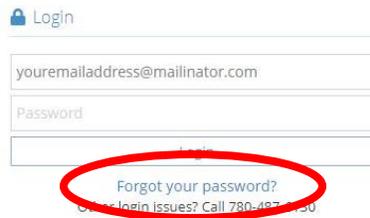
Other login issues? Call 780-487-6130

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

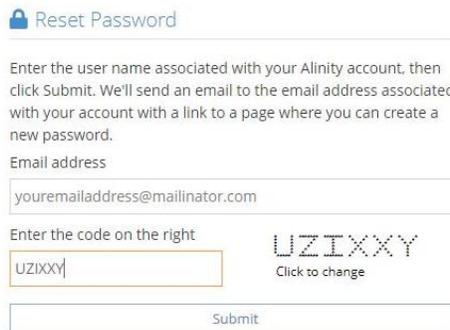
If you have forgotten your password, please follow the following steps.

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



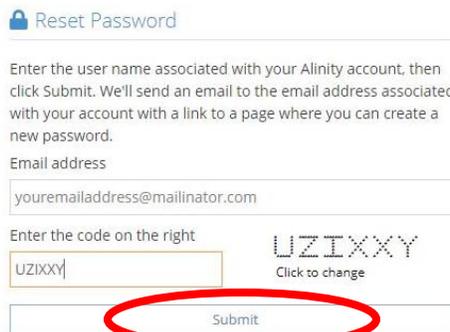
The screenshot shows a login form with the title "Login". It contains three input fields: the first for an email address (pre-filled with "youremailaddress@mailinator.com"), the second for a password, and the third for a security code. Below the security code field is a red circle highlighting the text "Forgot your password?". Below this circle is the text "Having login issues? Call 780-487-6130".

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



The screenshot shows the "Reset Password" page. It includes instructions: "Enter the user name associated with your Alinity account, then click Submit. We'll send an email to the email address associated with your account with a link to a page where you can create a new password." Below this is an "Email address" field containing "youremailaddress@mailinator.com". To the right, it says "Enter the code on the right" above a text input field containing "UZIXXY". To the right of this field is a large "UZIXXY" code with "Click to change" below it. At the bottom is a "Submit" button.

3. Click "Submit."



This screenshot is identical to the previous one, showing the "Reset Password" page with the "Submit" button circled in red.

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

Reset password email sent

If an account with the username "youremailaddress@mailinator.com" exists, a reset password email will be sent to that address. Please click the link in the email to reset your password.

You should receive the email in the next few minutes. If you don't see it, please check your junk email folder. If you are still having difficulty, please call 780-487-6130

5. Open the email.

X	From	Subject	Received
<input type="checkbox"/>	ACMDTT Registration	ACMDTT: Reset your Alinity password	2 minutes ago
<input type="checkbox"/>	ACMDTT Registration	ACMDTT: Community...	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

Subject: **ACMDTT: Reset your Alinity password** Back To Inbox
To: youremailaddress
From: registration@acmdtt.com
Received: Wed Jul 15 2020 09:49:01 GMT-0600 (Mountain Daylight Time)
Sending IP: 54.240.68.119
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.

To verify your request and access your account, click the following link:

[Reset my password](#)

Alternatively, you can copy and paste the following URL:

<http://acmdtttestv6.alinityapp.com/account/resetpassword/3b16f6ac-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

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).

The screenshot shows the Home Page of the Alberta College of Medical Diagnostic Therapeutic Technologists. The top navigation bar includes the college logo, name, a help icon, a notification bell with '0', and a user profile dropdown with 'Hi, Your First Name'. The left sidebar contains a 'Home' button and links for 'Download registration', 'My documents', 'My profile', and 'Back to College website', along with a 'Powered by Alinity' logo. The main content area is divided into three sections: 'Active Permit' showing a 'General' permit effective 15-Jul-2020 and expiring 31-Dec-2020 with a 'Permit' download button; 'Announcements (0)' showing 'No announcements'; and 'My Invoices' with an 'Include paid' checkbox and a table of two invoices.

Date	Total	Due	
15-Jul-2020	\$450.00	\$450.00	>
15-Jul-2020	\$550.00	\$550.00	>

2 invoice(s)

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.

The screenshot shows the top navigation bar of the Home Page, which is the 'Help Bar'. It contains the college logo and name on the left, and on the right, a help icon, a notification bell with '0', and a user profile dropdown with 'Hi, Your First Name'.

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.

The screenshot shows the 'Control Panel' on the left side of the Home Page. It is a vertical list of five buttons: 'Home' (with a house icon), 'Download registration' (with a download icon), 'My documents' (with a document icon), 'My profile' (with a person icon), and 'Back to College website' (with an external link icon).

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.

The screenshot shows the user interface of the Alberta College of Medical Diagnostic Therapeutic Technologists. The top navigation bar includes the college name, a help icon, a notification bell with '0', and a user profile dropdown with 'Hi, Your First Name'. The main content area is divided into sections: 'Home', 'Active Permit' (with 'General' details: Effective 15-Jul-2020, Expires 31-Dec-2020), 'Announcements (0)', and 'My Invoices'. The 'My Invoices' section is circled in red and contains a table with the following data:

Date	Total	Due	
15-Jul-2020	\$450.00	\$450.00	>
15-Jul-2020	\$550.00	\$550.00	>

Below the table, it indicates '2 invoice(s)'. There is also an 'Include paid' checkbox.

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.

This screenshot shows the 'My Invoices' section with the 'Include paid' checkbox circled in red. The table below shows one invoice:

Date	Total	Due	
15-Jul-2020	\$550.00	\$550.00	>

Below the table, it indicates '1 invoice(s)'.

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.

This screenshot shows the 'My Invoices' section with the arrow button in the table circled in red. The table below shows one invoice:

Date	Total	Due	
15-Jul-2020	\$550.00	\$550.00	>

Below the table, it indicates '1 invoice(s)'.

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

To

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

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*:

Card Number*:

Expiry Date (MMYY)*:

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

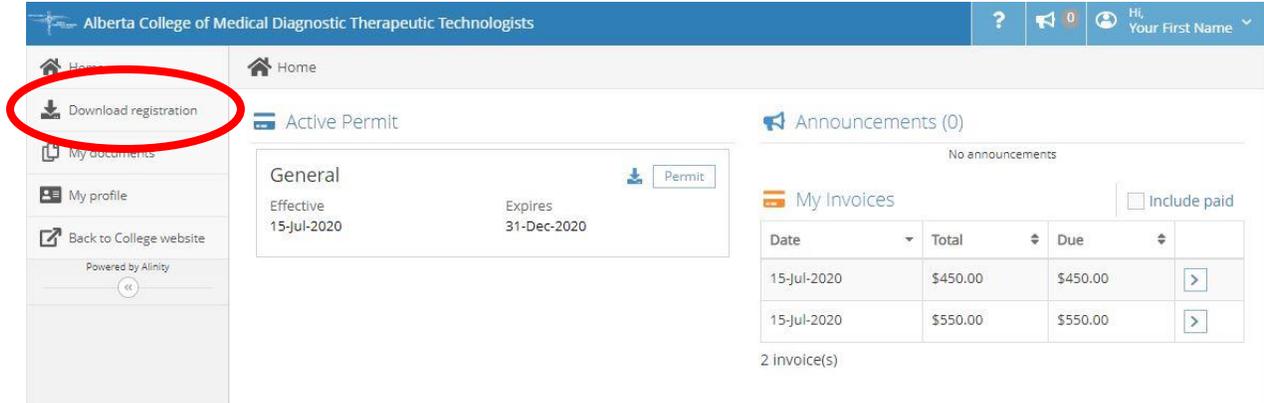
Cancel Transaction

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.



The screenshot shows the user interface for the Alberta College of Medical Diagnostic Therapeutic Technologists. The top navigation bar includes the college name, a help icon, a notification bell with '0', and a user profile dropdown with 'Hi, Your First Name'. The left sidebar contains several menu items: 'Home', 'Download registration' (circled in red), 'My documents', 'My profile', and 'Back to College website'. The main content area is divided into three sections: 'Active Permit' showing a 'General' permit with an effective date of 15-Jul-2020 and an expiry date of 31-Dec-2020, and a 'Permit' download button; 'Announcements (0)' with a 'No announcements' message; and 'My Invoices' with a table of two invoices and an 'Include paid' checkbox.

Date	Total	Due	
15-Jul-2020	\$450.00	\$450.00	>
15-Jul-2020	\$550.00	\$550.00	>

2 invoice(s)

You will be taken to your registration information.

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



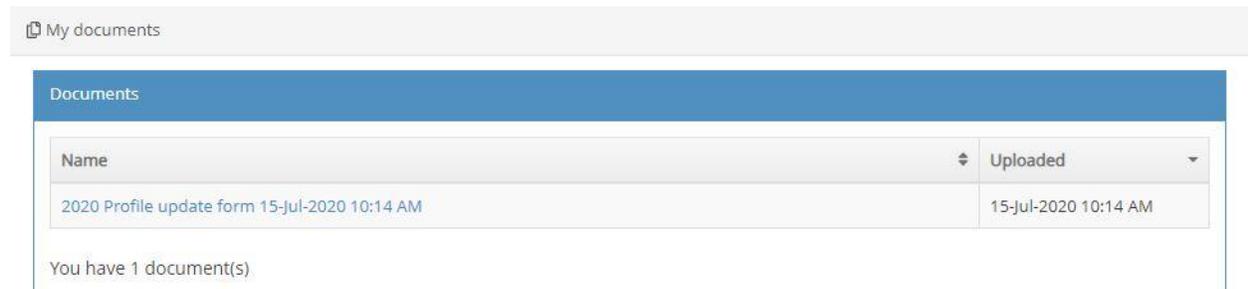
The screenshot shows the registration information page. The 'General' section is highlighted in blue and contains two buttons: 'Download' and 'Tax receipt', both of which are circled in red. Below this, the 'Applicants' section is shown with a table of effective and expiry dates.

Effective	Expiry
15-Jul-2020	31-Dec-2020

Effective	Expiry
15-Jul-2020	15-Jul-2020

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.



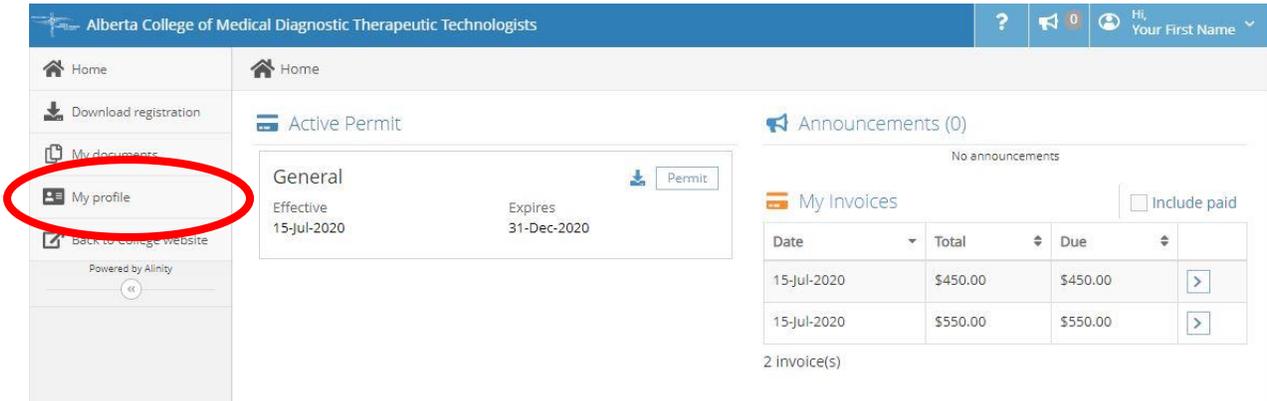
The screenshot shows the 'My documents' section. The header is 'My documents' with a document icon. Below is a table with the following data:

Name	Uploaded
2020 Profile update form 15-Jul-2020 10:14 AM	15-Jul-2020 10:14 AM

You have 1 document(s).

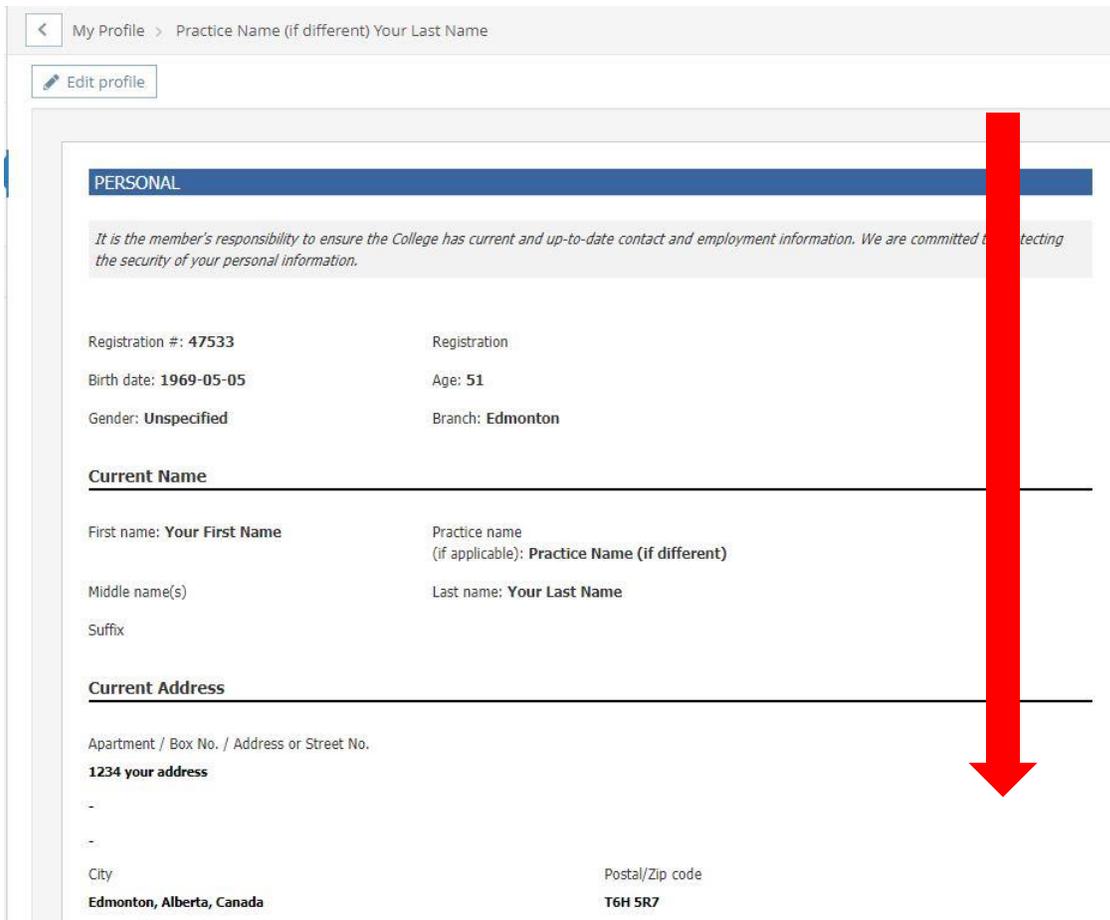
Profile

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.

My Profile > Practice Name (if different) Your Last Name

Edit profile

PERSONAL

It is the member's responsibility to ensure the College has current and up-to-date contact and employment information. We are committed to protecting the security of your personal information.

Registration #: **47533** Registration

Birth date: **1969-05-05** Age: **51**

Name Change

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

PERSONAL

It is the member's responsibility to ensure the College has current and up-to-date contact and employment information. We are committed to protecting the security of your personal information.

Registration #: **47533** Registration: **General: Active**

Birth date: **1969-05-05** Age: **51**

Gender: **Unspecified** Branch: **Edmonton**

Current Name

First name: **Your First Name** Practice name
(if applicable): **Practice Name (if different)**

Middle name(s) Last name: **Your Last Name**

Suffix

Do you have a practice name that is different from your first name? * Practice name

Yes No

Add Click to request a change to your legal name

2. Fill in the required information.

Add Click to request a change to your legal name

Name change 

* First name Middle name(s) * Last name

Suffix

* Supporting documentation 

Name change documents may be a copy of your marriage certificate, birth certificate or change of name certificate issued under the Change of Name Act. Once the College is satisfied that you have validly changed your name, you will be notified that your name has been changed on the College register. Your new name will be automatically reflected on your online practice permit. If you are practicing under a name that is different than your legal first name, you must include it under the practice name field. Your practice name will be displayed on the College website via the member register

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 JPEG 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.

Current Address

Apartment / Box No. / Address or Street No.

1234 your address

-

-

City

Edmonton, Alberta, Canada

Postal/Zip code

T6H 5R7

Add Click to request an address change

2. Fill in the required information.

Add Click to request an address change

Address change 

* Apartment / Box No. / Address or Street No.

* City 

* Postal/Zip code

Supporting documentation

 Click here to upload a supporting document from your computer

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.

Contact Information

Mobile phone # 

780-123-4567

Home phone # 

Example: 604-555-5555

* Contact email 

youremailaddress@mailinator

Username:

youremailaddress@mailinator.com

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.

CONSENT

Clinical Education/Preceptor Activity

* Yes No

Education

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

EDUCATION

You are required to add post-secondary education achieved in addition to your qualifying MRT or ENP diploma/degree that is currently not listed in your profile.

Designation	Institute	Location	Granted Date	Field of Study
Diploma MRT	SAIT	Alberta	2004-08-27	-

Add Click here to add additional education

2. Fill in the required information.

New education 

* Designation InSTITUTE * Field of study

* Date received

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

* Supporting documentation Click here to upload a supporting document from your computer

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 JPEG 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

- 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

- 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 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, SPECT/CT		
Other areas of practice (max 3) -		
Work phone 780-487-6130	* Start date 2018-11-05	
Average weekly hours 35	Weeks worked per year 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)

<input type="checkbox"/> Bone Mineral Densitometry	<input type="checkbox"/> Brachytherapy	<input type="checkbox"/> CT (Computed Tomography)	<input type="checkbox"/> Dosimetry/Treatment Planning
<input type="checkbox"/> Electroencephalography (EEG)	<input type="checkbox"/> Electromyography (EMG)	<input type="checkbox"/> Evoked Potential	<input type="checkbox"/> Fluoroscopy
<input type="checkbox"/> Interventional Radiography/Angiography	<input type="checkbox"/> Magnetic Resonance Angiography (MRA)	<input type="checkbox"/> Magnetic Resonance Imaging General	<input type="checkbox"/> Mammography
<input type="checkbox"/> Nuclear Medicine General - SPECT, SPECT/CT	<input type="checkbox"/> Nuclear Medicine Imaging - PET, PET/CT	<input type="checkbox"/> Nuclear Medicine Radio pharmacy	<input type="checkbox"/> Nuclear Medicine Therapy/Non-Imaging
<input type="checkbox"/> Other	<input type="checkbox"/> Quality Assurance	<input type="checkbox"/> Radiation Therapy General	<input type="checkbox"/> Radiological Technology General
<input type="checkbox"/> 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 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, SPECT/CT		
Other areas of practice (max 3) -		
Work phone 780-487-6130	* Start date 2018-11-05	
Average weekly hours 35	Weeks worked per year 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)

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

Additional and Enhanced Practice Authorization

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

ADDITIONAL AND ENHANCED PRACTICE AUTHORIZATION APPLICATION

To apply for an additional or enhanced practice authorization, complete the application, and have it approved by your supervisor. Check with your supervisor to ensure you have the documents required to support your additional and enhanced practice authorization application, such as a certificate and/or skills checklist. For more information, visit the College website.

Add Apply for an additional or enhanced practice authorization

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.

Specialty 



* Your current specialties

MRT(R)

Enhanced Practice Authorization	Additional Authorization
<input type="checkbox"/> CT and Contrast Media	<input type="checkbox"/> Automated Breast Ultrasound
<input type="checkbox"/> Enhanced GI Fluoroscopy	<input type="checkbox"/> Bladder Ultrasound
<input type="checkbox"/> Ictal SPECT Injection	<input type="checkbox"/> Breast Ultrasound
<input type="checkbox"/> Intraoperative Monitoring	<input type="checkbox"/> Needle Authorization
<input type="checkbox"/> Medication Administration	<input type="checkbox"/> Prostate Ultrasound
<input type="checkbox"/> MR in Radiation Therapy	<input type="checkbox"/> Venipuncture
<input type="checkbox"/> Quantitative CT	

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 JPEG format.

Program Completion



* Program Name

* Clinical Facility

* Completion Date

* 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

* 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.

Please note that if you change your name, manually add in an employer name or apply for additional and enhanced practice authorizations, your profile will be locked when you submit the form until the College has reviewed your request. All other updates will take effect immediately.

Submit

Withdraw

Pending Profile Changes

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

Your profile update has been submitted.

