

**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.

## Part 2 – Currency of Practice

**The applicant or employer may send this document with the application or separately from the application. If you graduated within the last two years and have never practiced the profession after completing your education in the profession, leave this section blank.**

### Section 5: Applicant Information

Legal last name	Legal given name(s)	Practice name (if different from legal name)
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### Section 6: Practice Hours (this section is to be completed by the applicant's employer/supervisor)

#### 1) Applicant's specialty

- Radiological
  Nuclear Medicine
  Electroneurophysiology  
 Radiation Therapy
  Magnetic Resonance

#### 2) Record of practice hours (that the applicant has practiced in the above specialty)

Year (Jan. - Dec.)	Facility/Organization	Location (City/Country)	Number of Hours Worked in Specialty
2021			
2020			
2019			
2018			
2017			
2016			

- 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, complete a separate Currency of Practice Hours form for each employer and/or specialty.

#### 3) Employer/supervisor's declaration

*I confirm that the information contained in this form is true to the best of my knowledge.*

Facility/organization

Employer/supervisor's name

Employer/supervisor's title

Telephone

Email

Employer/supervisor's signature

Date (DD/MM/YYYY)