

Reinstatement of Additional and Enhanced Practice Authorizations

This form only applies to registrants whose registration on the general register is reinstated and who previously held additional or enhanced practice authorizations. Upload this document during the online additional and enhanced practice authorization application process under "Certificate or skills checklist."

Section 1: Applicant Information		
ACMDTT#	Legal last name	Legal given name(s)
Practice name (If different from legal name)	Email	Telephone
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: Authorization		
Please indicate for which authorization you are applying		
Enhanced Practice Authorization <ul style="list-style-type: none"> <input type="checkbox"/> CT and Contrast Media <i>(for nuclear medicine only)</i> <input type="checkbox"/> Ictal SPECT Injection <input type="checkbox"/> Medication Administration <input type="checkbox"/> Quantitative CT <input type="checkbox"/> MR in Radiation Therapy <i>(for Cross Cancer Institute)</i> <input type="checkbox"/> Enhanced GI Fluoroscopy <input type="checkbox"/> Intraoperative Monitoring 	Additional Authorization <ul style="list-style-type: none"> <input type="checkbox"/> Venipuncture <input type="checkbox"/> Breast Ultrasound <input type="checkbox"/> Bladder Ultrasound <input type="checkbox"/> Prostate Ultrasound <input type="checkbox"/> Needle Authorization <input type="checkbox"/> Automated Breast Ultrasound 	
Section 4: Competency and Practice Setting Checklist		
<input type="checkbox"/> I have completed an approved additional and enhanced practice authorization program approved by the Council of the College for the authorization in which I am applying for reinstatement.		
<input type="checkbox"/> I have been approved to practice this authorization only in the specific practice setting that the original authorization application indicated.		
<input type="checkbox"/> I will follow up with my supervisor or employer to ensure that I understand any authorization program changes applicable to my practice setting.		
<input type="checkbox"/> I understand that I may be required to re-apply for authorization in a new practice setting.		
<input type="checkbox"/> I am competent to perform the skills required for the additional and enhanced practice authorization that I would like reinstated.		
<input type="checkbox"/> I will restrict myself to performing only those restricted activities that I am competent to perform and that are appropriate to the areas of practice and the procedures being performed.		
Section 5: Member Declaration		
I hereby declare that I am the person applying for additional or enhanced practice authorization as an MRT or ENP and that all statements are true and accurate. I understand that false information on this form may result in the cancellation of my reinstatement application for authorization or cancellation of my general registration.		
Applicant's signature _____		Date (DD/MM/YYYY) _____



How to complete this form

This form only applies to registrants whose registration on the general register is reinstated and who previously held additional or enhanced practice authorizations. If you are applying for a new authorization, please see the [Additional and Enhanced Practice Authorization](#) page on the College website for instructions.

You can complete this form digitally by downloading the file and opening it in [Acrobat Reader](#) on your computer or device. Please remember to save the document after filling it out.

Section 1: Member Information

The personal information required on this form is used for the purposes of determining eligibility for an authorization on your practice permit with the College. Information you provide is protected as per the College's [Privacy Policy](#).

Section 2: Specialty

Indicate the specialty for which you are applying for an authorization.

Section 3: Authorization

Indicate which additional or enhanced practice authorization you would like to reinstate and the date you last practiced the authorization. Please note that a separate form is required for each authorization you require.

Section 4: Competency and Practice Setting Checklist

Read each statement carefully and check off each box to the left to indicate that you agree with it. You must check every box for the form to be considered complete.

Section 5: Member Declaration

By typing your name and the date in this section, you are digitally signing this document and declaring that all the information you provided in this form is accurate.

How to apply to reinstate your authorization

To reinstate your authorization, follow the same process as applying for a new one and upload this document where it says "Certificate or skills checklist":

- Log in to [My Profile](#).
- Select "My profile" on the left side of the screen.
- Select "Edit profile" at the top of the page.
- In the "Additional and Enhanced Practice Authorization Application" section, select "Add" to begin your application.
- Select the specialty in which you are applying for an authorization and the authorization you are seeking. Please note that you can only apply for one authorization at a time.
- Enter information about your program completion.
- Upload this form in the "Certificate or skills checklist" section.
- Enter your supervisor's information. Please provide a valid email address for your supervisor as they will verify your additional and enhanced practice authorization.
- Complete the "Member Declaration" section. You must check all the boxes in this section to proceed with your application.
- If you don't need to make any other changes to your profile, scroll to the bottom of the page and select "Submit." Your profile will be locked until the College reviews your application.
- You will receive an email from the College when your application has been approved or if we require further information or documentation.

Please feel welcome to contact us at registration@acmdtt.com if you have any questions.