INTERNATIONALLY EDUCATED MEDICAL RADIATION TECHNOLOGISTS
CERTIFICATE PROGRAM REGISTRATION
ATTESTATION STATEMENT

Included with this signed statement, is the required documentation to finalize my Certificate Program Application with the Canadian Association of Medical Radiation Technologists.

Candidate Name: _____

Certificate Program: _____

Title of Educational Program Completed: _____

Name of Diploma/Degree: _____

Educational Institution for theoretical instruction: _____

Institution for Clinical Training: _____

Length of Total Program: **Theoretical (months)** _____ **Clinical (months)** _____

By signing below, I verify that:

- ✓ All statements and documentation in this application are accurate. I understand that a false or misleading statement, omission or misrepresentation may compromise my registration request.
- ✓ The documentation attached regarding my education program and/or my clinical advisor is original and has not been modified in any way.
- ✓ I authorize CAMRT to contact any authority, institution, association, body or person in any jurisdiction to verify the statements in my application and related documents.
- ✓ I understand that I may be required to submit further information if required.

_____ _____

Signature of Applicant Date (month/day/year)