Internationally Educated Medical Radiation Technologist

Clinical Advisor Verification of Experience

Hospital/Organization: _____

Name of Clinical Advisor's Supervisor: _____

Supervisor Credential(s): _____

Supervisor Email: _____

NAME OF CIR CANDIDATE: _____

To CAMRT Certificate Programs:

This is to confirm _____ (name of Clinical Advisor) is a current employee of the above noted hospital/organization.

The Clinical Advisor listed above is:

- A registered medical radiation technologist with a minimum of five years' experience in the practice of Interventional Radiology
- Currently practicing in IR

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My signature below confirms the above meets the CAMRT's eligibility requirement to act in a Clinical Advisor (CA) role for the purpose of the Certificate in Interventional Radiology (CIR) program.

The affixed hospital seal confirms the authenticity of this submission.

_____ _____

Signature of Clinical Advisor's Supervisor/Employer **Date**