Clinical Advisor (CA) Check List

To maintain the integrity of CAMRT Certificate programs, it is essential all parties involved in the training and evaluation of certificate program candidates follow the procedures set out in the Program Handbook and Summary of Clinical Competence (SCC). A CAMRT Certificate indicates a level of competence above entry-to-practice that has been verified through the requirements of the program.

As such, CAMRT must ensure all Clinical Advisors meet the same standards and are eligible to take on this assessment role.

This form must be submitted to the CAMRT along with the notarized documentation required for all internationally educated medical radiation technologists.

I, _____, acknowledge by my initials, the following to be true.

	I am a medical radiation technologist* with a CAMRT CIR credential **OR**** a medical radiation technologist having a minimum of five years' experience in the practice of Interventional Radiology **or other:* _____
	I am **currently practicing** in IR.
	I am not currently registered in the CAMRT CIR program.
	I have no conflicts of interest* with the CIR candidate. ***Conflicts of interest may include:** • Close personal relationships that could threaten independence or objectivity during assessments • Spouse or family member • A direct report (i.e. the assessor reports to the candidate)

I understand that any false or misleading statement, omission or misrepresentation may result in the candidate's automatic withdrawal from the program and/or revocation of the CIR designation.

_____ _____

Clinical Advisor Signature Date

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