To complete this form, please open with Adobe Acrobat Reader in a window outside your browser.

FELLOWSHIP Application Form

Applicant Information		
Last name	First name	
Designations	Date of first MRT designation (Month/Year)	
Mailing Address		
Discipline (*Magnetic Resonance, Nuclear Medicine, Radiation Therapy, Radiological Technology*)		
Telephone	Mobile phone	Email

Employment Information
Department and Institution
Position (*Practicing Technologist, Educator, Manager, Other*)

Please submit the following documentation:

- □ Verification of practice
- □ Pathway points accumulated (min. 50 points submitted using Portfolio)

Remember to include documentation supporting the above points (i.e., copies of certificates, results letters, etc.) or proof of activity form where needed.

FCAMRT Fee $500 — Payment Information:

□ MasterCard □ Visa

Name on Card		
Card Number	Expiry Date	CVV

Applicant Signature | Date

511 Lacolle Way Suite 8317, Ottawa, Ontario K4A 5B6
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