

**Internationally Educated Medical Radiation Technologists  
Application for Credential Assessment**

**CAMRT ID:**

**Note:** If you do not have a CAMRT ID number, please click [here](#) to create a CAMRT account and receive your CAMRT ID. *(Please use a permanent personal email address and your name as it appears on a government issued ID)*

**Discipline for which you are applying** *(please select only one, as a separate application is required for an additional discipline):*

**Magnetic Resonance**

**Nuclear Medicine**

**Radiological Technology**

**Radiation Therapy**

**First Name:**

**Middle Name:**

**Last Name:**

**Previous Surname:**

**Date of Birth:**

**Current Mailing Address**

**Street Name and Number:**

**City:**

**Province/ District:**

**Country:**

**Postal/ Zip Code:**

**Telephone Number (including country & area code):**

**Email:**

**Canadian province in which you intend to practice:**

*If you selected Saskatchewan, please respond to the following question:*

Have you received approval from CMRIPS (formerly SAMRT) for credential assessment to be completed by CAMRT:

Yes

No

Not Applicable (do not intend to practice in Saskatchewan)

*If you selected No, please contact CMRIPS to determine eligibility for credential assessment by the CAMRT. Visit the [CMRIPS website](#).*

*If you selected Nova Scotia, please respond to the following question:*

Have you received approval from NSCMIRTP for credential assessment to be completed by CAMRT:

Yes

No

Not Applicable (do not intend to practice in Nova Scotia)

*If you selected No, please contact NSCMIRTP to determine eligibility for credential assessment by the CAMRT. Visit the [NSCMIRTP website](#).*

**Candidates who wish to practice in Ontario, Alberta or Quebec must apply for assessment to the Regulatory body in the respective province. For more information click [here](#).**

**PART I: Education Program in Medical Radiation Technology**

You must provide CAMRT with evidence that you have successfully completed an educational program in medical radiation technology at a post-secondary school level.

The following is the evidence you must supply:

- Official transcript of marks, notarized copy
- Evidence of completion of program – diploma or degree certificate, notarized copy
- Curriculum/ course outlines (detailed list of courses and description of each)

**Title of Program Completed:**

**Name of Diploma/ Degree** *(as on official graduation document):*

**Education Institution for Theoretical Instruction:**

Street Address:

City:

Country:

Postal/Zip Code:

**Start Date:**

**Completion Date:**

**Institution for Clinical Training:**

Street Address:

City:

Country:

Postal/Zip Code:

**Start Date:**

**Completion Date:**

*If additional institutions were involved in clinical training, please provided the required information by adding a separate paper to the application.*

**Length of Total Program:**

**Theoretical** (Months):

**Clinical** (Months):

**Have you attended a Canadian medical radiation technology bridging program?**

Yes

No

If yes, where *(please include Canadian educational institution, city, province):*

## **Description of Education Program**

In addition to providing a detailed list of courses and a description of the content of each course, additional information on the educational program is required.

## **Description of the Clinical Setting in your Education Program**

### **Description of equipment used:**

### **Description of settings where procedures were performed during the clinical component of your program:**

**Description of types of patients on who procedures were performed:**

**PART II: Language Fluency**

You are required to provide evidence of language fluency in either English or French if neither are your first language.

- a. Attach proof from your education institution that your program, both theoretical and clinical, were conducted in English or French.

**OR**

- b. Submit language fluency testing results - see CAMRT's [\*Language Fluency Requirements\*](#)

If English or French was not the language of instruction, what language was spoken?

What language was used in your practice of medical radiation technology in the past five (5) years?

**PART III: Work/ Professional Experience**

Indicate the number of hours (based on 7.5-hour workday) worked in the preceding five (5) years in the discipline for which you are applying.

List the name, address, email and telephone number of all employers within the last five (5) years and include the start date and finish date of employment.

<u>Start Date</u>	<u>End Date</u>	<u>Organization/ Facility Name</u>	<u>Address (City, Country, Telephone #)</u>	<u>Supervisor's Name &amp; Email</u>
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- A. Please attach a letter of confirmation of employment and reference as a technologist in the discipline in which you are applying from your last or current employer. The letter must be dated and confirm your **last date of employment**.
- B. Please attach completed [Clinical Assessment Checklist](#) for the discipline for which you are applying.
  - [Magnetic Resonance](#)
  - [Nuclear Medicine](#)
  - [Radiation Therapy](#)
  - [Radiological Technology](#)
- C. Please attach evidence of registration with an association / society / regulatory body for the specific discipline, if available.
- D. Please attach relevant evidence of continued professional development activities in the discipline in which you are applying.

**PART IV: Declaration of Conduct**

Attach one (1) letter of reference in support of good character from a person who has known you for the past two (2) years.

Have you been the subject of a finding of professional misconduct, incompetence or incapacity in relation to the medical radiation technology profession or another health profession?

Yes                      No

Have you been convicted of a criminal offence or an offence related to the regulation of practice in medical radiation technology?

Yes                      No

If you have answered 'yes' to the questions above, please give details:

**Part V: Declaration of Compliance**

- I verify that all statements in this application are accurate. I understand that a false or misleading statement, omission or misrepresentation may compromise my registration request.
- 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 collection, use, and disclosure of my personal information will be handled in a confidential manner by the CAMRT.
- I agree to notify CAMRT of any changes in my contact information.
- I understand that I may be required to submit further information if required.

**Signature of Applicant:**

**Date:**

**Part VI: Submission of Fees**

**Non-refundable Assessment fee:** \$375.00 CAD

**Preferred Payment Method:**

To process the fee using a valid credit card associated with the candidate's CAMRT profile. If a valid credit card is not associated with their CAMRT profile, please login and under '*Payment Methods*', select '+ *New Credit Card*'.

Please select the most appropriate statement below:

I approve CAMRT to process the assessment fee using the credit card associated with my CAMRT profile.

I prefer for CAMRT to send me an invoice to process the payment myself via credit card

**Signature of Applicant:**

**Date:**

Please submit all documents electronically in PDF format to [iemrt@camrt.ca](mailto:iemrt@camrt.ca)