



**CMRITO**

**Regulator of medical radiation and  
imaging technologists in Ontario**

## **International Application Guide**

**for a person applying for registration  
who has completed a program in medical  
radiation and imaging technology and/or practised  
as a medical radiation and imaging technologist  
outside of Canada**

## Table of Contents

<b>Who can apply</b> .....	1
<b>Steps and timelines in the application and registration process</b> .....	2
<b>Registration requirements</b> .....	4
<b>Required documents</b> .....	4
<b>Fees</b> .....	6
<b>Member &amp; Applicant Portal (MAP)</b> .....	7
<b>Navigation through the application</b> .....	7
<b>About Me</b> .....	8
<b>Proof of name, date of birth, and citizenship</b> .....	8
<b>Language fluency</b> .....	9
<b>Registrations in other jurisdictions</b> .....	9
<b>Education in the profession</b> .....	10
<b>Approved examination</b> .....	11
<b>Currency of practice</b> .....	11
<b>Competent practice</b> .....	12
<b>Jurisprudence course</b> .....	12
<b>Declaration of conduct</b> .....	13
<b>Review application summary</b> .....	14
<b>Declarations and signature</b> .....	15
<b>Pay application fee</b> .....	15
<b>Confirmation of receipt of application</b> .....	15
<b>Next steps</b> .....	16
<b>Appendix A – Documentation Checklist</b> .....	17
<b>Appendix B – Information for applicants about assessment criteria</b> .....	19
<b>Theoretical education and clinical training completed – Radiography</b> .....	20
<b>Theoretical education and clinical training completed – Nuclear Medicine</b> .....	22
<b>Theoretical education and clinical training completed – Magnetic Resonance</b> .....	24
<b>Theoretical education and clinical training completed – Radiation Therapy</b> .....	26
<b>Theoretical education and clinical training completed – Diagnostic Medical     Sonography</b> .....	28
<b>Appendix C – Certificate respecting clinical practice</b> .....	30

**Radiography ..... 31**  
**Nuclear Medicine..... 33**  
**Radiation Therapy..... 35**  
**Magnetic Resonance..... 37**  
**Diagnostic Medical Sonography..... 39**

The College of Medical Radiation and Imaging Technologists of Ontario (CMRITO) welcomes your application for registration as a medical radiation and imaging technologist.

There are five specialty certificates of registration with the CMRITO – radiography, nuclear medicine, radiation therapy, magnetic resonance and diagnostic medical sonography. Both your professional education and work experience must have been in the specialty you are applying for. If you wish to apply for more than one specialty, you must complete a separate online application for each specialty.

**You must hold a certificate of registration with the CMRITO in your specialty of medical radiation and imaging technology to be legally authorized to practise in your specialty in Ontario. You may not use the title “Medical Radiation and Imaging Technologist” or the abbreviations “MRT” or “DMS” without being registered with the CMRITO.**

In order to be eligible for a certificate of registration you must meet the [requirements for registration](#) set out in the [registration regulation](#) made under the *Medical Radiation and Imaging Technology Act, 2017* (MRIT Act).

The scope of practice of medical radiation and imaging technology, as defined under the MRIT Act, is the use of ionizing radiation, electromagnetism, soundwaves and other prescribed forms of energy for the purposes of diagnostic and therapeutic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures.

Practice includes not only the delivery of clinical services, but also the functions of education, management, research and administration.

Further information about the application and registration process can be found in this application guide.

## **Who can apply**

Any individual, who has completed an educational program in medical radiation and imaging technology in one or more of the specialties of radiography, nuclear medicine, radiation therapy, magnetic resonance or diagnostic medical sonography within the last five years, or who has practised the profession within the last five years, and wishes to practise as a medical radiation and imaging technologist in Ontario can apply for registration with CMRITO.

This application is for those individuals who have successfully completed an educational program in medical radiation and imaging technology and/or practised the profession outside of Canada.

Please review the [Career Map for Internationally Trained Medical Radiation and Imaging Technologists](#) for more details and an explanation of the process.

## Steps and timelines in the application and registration process

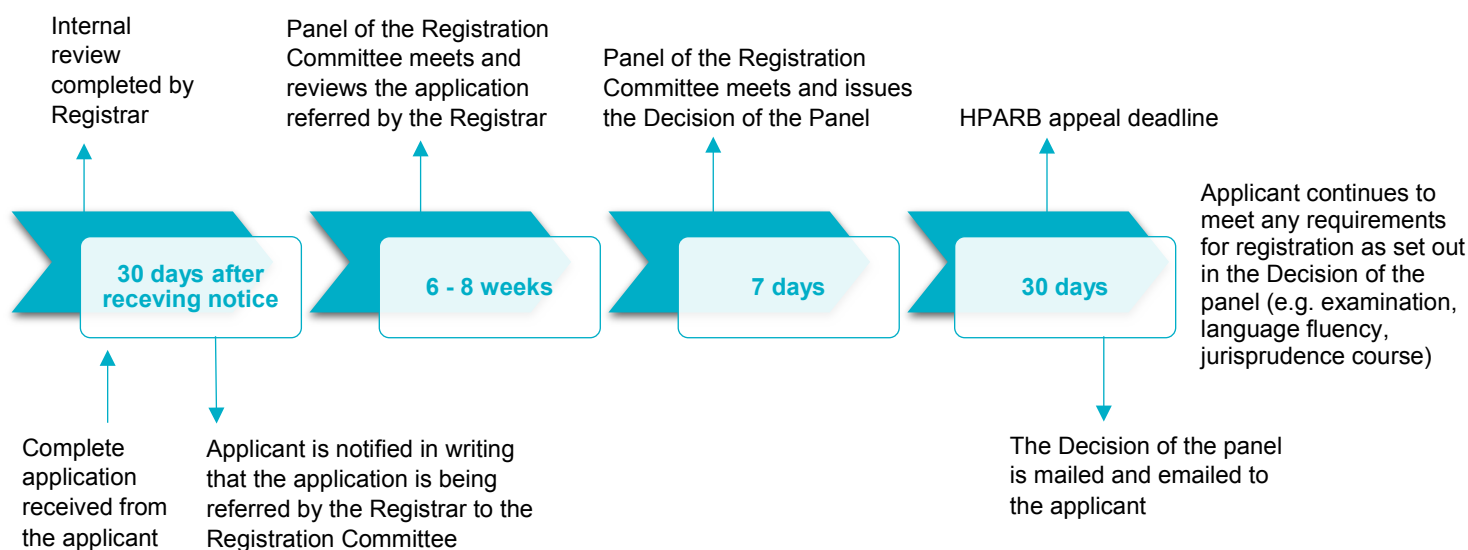
The first step is to create an online profile in the CMRITO member and applicant portal (MAP), gather the documents you need to support your online application, and complete and submit your application. CMRITO will communicate with you by email during the application process.

For your application to be complete, you are required to complete all steps in the online application process, provide all the required documentation and pay the application fee of \$113.00 (\$100.00 fee and \$13.00 HST) by Visa, Mastercard or Interac (select financial institutions only) through the secure MAP.

Once you have submitted all the required documents you will be notified when you are required to pay an evaluation fee of \$285.50 (\$250.00 and \$32.50 HST) for the evaluation of your program.

All applications from applicants who have completed an educational program in a specialty of medical radiation and imaging technology outside of Canada will be assessed by a Registration Committee to determine if the program, education and training completed by the applicant would be considered to be substantially similar to, but not equivalent to, an approved Ontario program.

The following image illustrates the timelines associated with a referral to the Registration Committee:



- All completed applications are reviewed by a panel of the Registration Committee at the next scheduled meeting, following 35 days of the date of the notice of the referral of the application to the Registration Committee.
- The CMRITO's Registration Committee meets every six to eight weeks. Each application is reviewed at least twice by the panel of the Registration Committee; first to review the

application and make the decision, second to review and approve the Decision and Order and Reasons.

- It typically takes approximately three to four months from the submission of a completed application to the CMRITO to the time that the applicant receives the final decision of the Registration Committee.

If the Registration Committee approves your application, you can expect to have five years from the last or most recent date of your employment as a medical radiation and imaging technologist to complete all the requirements to become registered.

Below is an overview of the steps in the process:

Step	Activity
1	Review the information about the application process and documents you are required to provide.
2	Create your online profile by starting your online application and completing the 'About Me' section of the application in the CMRITO application portal. You can return at a later time to continue completing the rest of your application.
3	Collect all the required documents to support your application. See a complete list of the required documents in this guide in Appendix A. You can scan, upload and attach the documents to your online application, but you may also need to mail the original or notarised documents for review by the CMRITO. The CMRITO will advise you which documents need to be sent for validation. Once your evaluation is complete these documents will be returned to you.
4	Complete a course in jurisprudence approved by the CMRITO. For this purpose, you must complete the CMRITO Legislation Learning Package and review the appropriate statutes, regulations, policies and guidelines which relate to the practice of medical radiation and imaging technology generally and to the specialty for which you are applying. Access will be available 24 hours after you start your application. You must complete the course and upload the Certificate of Completion to the appropriate step in the online application.
5	Complete your application, upload all the required documents, pay the application fee of \$113.00 (\$100.00 fee and \$13.00 HST) and submit your application to CMRITO for assessment.
6	CMRITO will review your application and notify you about any additional documents required to support your application and payment of the evaluation fee. The evaluation fee of \$282.50 (\$250.00 fee, \$32.50 HST) is payable once your application is complete and is referred to the Registration Committee for evaluation. Both the application and evaluation fees are non-refundable and must be paid before your application will be reviewed.
7	Once your application is complete, and you have paid the required fees, you will be notified that your application is being referred to the Registration Committee for assessment. You will have 30 days to submit any additional information that you want the Registration Committee to consider when they review your application.

8	The Registration Committee will issue a Decision on your application which will include an Order along with the Reasons for the decision. The Order will identify any further registration requirements you will need to meet. These requirements could include providing proof of language fluency, residency, and successful completion of the approved examination(s) from the CAMRT or Sonography Canada.
9	Complete any remaining requirements to register including payment of the registration fee.
10	After you have completed all the requirements for registration, CMRITO registers you. You will receive confirmation that you are registered. Your name and information will be posted on the public register.
11	Inform your employer that you are legally authorized to practise the profession. Start using the protected title “medical radiation and imaging technologist” (and the term or abbreviation appropriate to your specialty and review your accountabilities as a regulated professional.

CMRITO is not able to start the review process on incomplete applications. If you do not have all the documents when you start your application online, you may begin the application process and return to complete it at a later time. Your application will not be processed until all the information about your education, training and work experience is complete and you have paid the application fee. You may however provide evidence of your language fluency, residency and successful completion of the CAMRT or Sonography Canada examination later in the process if you do not have these at the time you start your application. The assessment of your program will not be completed until you have paid the evaluation fee.

## Registration requirements

The registration requirements are set out in the registration regulation made under the MRIT Act and can be found [here](#). The online application process prompts you to provide all the documents required to demonstrate that you meet the requirements for registration.

## Required documents

You may be required to submit notarized or original documentation to the CMRITO for authentication and validation. Any documents which are not in English or French must be accompanied by an official translation into English. The translation does not need to be notarized but must be official and a notarized copy of the original document must be attached. Any documents you provide will be returned to you at the end of the application review. CMRITO will advise you which documents need to be sent for validation and authentication. If you have already completed a credential evaluation assessment of your program through a credentialing agency such as WES, ICAS or MCC, you can upload that assessment report and copies of your documents instead of mailing the originals or notarized copies of your documents.

If the name on any of your documents is different from your current name, you must provide proof of name change.

You must provide:

- proof that you have completed an educational program in medical radiation and imaging technology in your specialty (**Required**). This includes:
  - a notarized copy of your **degree, certificate or diploma**, or provide an original letter from your educational institution confirming successful completion of your program
  - an original or notarized copy of your **academic transcript of marks** from your educational institution
- detailed information about the educational program that you have completed in medical radiation and imaging technology in your specialty. This includes a **curriculum or course outline** from your educational institution for your program at the time you were enrolled in the program (**Required**). The curriculum should:
  - contain a detailed list of the courses and a description of the content of each course completed during your theoretical training
  - contain the amount of time spent in both the theoretical and clinical components in hours, days or weeks
  - be certified by the educational institution or your professional association
- detailed **information on the clinical/practical training** you completed as part of your educational program or internship. If you completed on-the-job training, you must provide detailed information about this training (**Required**). The information should:
  - be from your educational institution or training hospital
  - be official and include such details as the qualifications of your clinical supervisor(s), the types of hospital(s) or clinical setting(s), the types of procedures completed, and the types of equipment used during your clinical training
  - provide confirmation of your clinical competence in medical radiation and imaging technology in your specialty, including:
    - the list of procedures which you have performed,
    - the date you last performed them, and
    - signed confirmation from your supervisor
- a **letter from your present or previous employer** confirming your employment in medical radiation and imaging technology within the last five years, including the date of your last day of your employment as a medical radiation and imaging technologist in your specialty (**Required if you have been employed**)
- a completed **Certificate respecting clinical practice** in your specialty, signed by your clinical supervisor to attest to your competence to practise in the specialty
- proof of language fluency in English or French, or proof that your training was completed in English or French. If your professional training was not completed in English or French, you must show other proof of language proficiency (**Required but may be submitted later in the application process**). The Registration Committee will accept proof that you have passed any of the following:



- the internet-based (iBT) TOEFL (Test of English as a Foreign Language) with a minimum total score of 73, and a minimum score of 21 in speaking; or
- the paper-based TOEFL with a minimum score of 500, and TSE with a minimum score of 40; or
- the IELTS (International English Language Testing System) test – academic (AC) with a minimum overall score of 6 and a minimum score of 6 in speaking; or
- the IELTS (International English Language Testing System) test – general training (GT) with a minimum overall score of 6 and a minimum score of 6 in speaking; or
- the MELA (Michener English Language Assessment) test with a minimum score of 8 in each of reading, listening and speaking and a minimum score of 7 in writing
- a copy of your certificate showing that you are a medical radiation and imaging technologist or otherwise licensed in your country, **(if available)**
- a copy of your proof of Canadian citizenship, landed immigrant papers, permanent resident card, or employment authorization (work visa), or appropriate documentation **(Required but may be submitted later in the application process)**

To assist you with preparing your application click [here](#) for a documentation checklist. The documents that you submit to the CMRITO must provide sufficient level of detail in order that the CMRITO Registration Committee can assess your educational program to determine whether it is substantially similar to an Ontario approved program in medical radiation and imaging technology in your specialty. If you have any difficulties in obtaining these documents, please contact the CMRITO office.

The CMRITO reviews all applications received to ensure that they are complete. The CMRITO will contact you after having reviewed your online Application for Registration and submitted documentation to inform you of the next steps.

## Fees

There are three fees for this process – the application fee, the evaluation fee and the registration fee.

The application fee is a one-time fee of \$113.00 (\$100.00 fee, \$13.00 HST) and is paid at the time you submit your application.

The evaluation fee is a one-time fee of \$285.30 (\$250 fee and \$32.50 HST) and is paid for the evaluation of your program. This fee is paid when your application is referred to the Registration Committee. You will be notified when you are required to submit this fee.

The registration fee is the final step to become registered once you have completed all the requirements set out in the registration regulation. It is an annual fee of \$531.10 (\$470.00 fee, \$61.10 HST). The annual registration fee is due on a member's birthday each year. Members who are registered in more than one specialty pay only one annual fee.

When you first become registered, the registration fee is prorated from the month you become registered to your birthday. For example, if your birthday is in April and you become registered in November 2020, you would pay \$221.29 (\$195.83 fee, \$25.46 HST) for the six-month period November 2020 – April 2021, and then the annual fee in April 2021, for the period to April 2022. You can use the [fee calculator tool](#) on the website to find your registration fee.

The fees are set by the CMRITO Council in the CMRITO by-laws and are non-refundable.

## Member & Applicant Portal (MAP)

To start your online application, you must create an account in the Member and Applicant portal by clicking on the “Start MAP Sign In” button at this [link](#).

It is recommended that you use a computer, with a scanner, to complete your online application rather than a mobile device. It is also recommended that you use Google Chrome as your browser when completing your online application.

You will be prompted to do the following:

- enter your email address and create a password
- review and accept the Terms and Conditions of use of the site
- set up your online profile
  - enter your legal name and date of birth
  - enter your address and phone number
- select the Apply for Registration option

When you have created your profile, you will be able to return to it, and your application, using the “Sign In” button.

- from the four options on the screen select the one for an applicant **“who has completed a program in medical radiation and imaging technology outside of Canada”** unless you are currently registered to practise in another province in Canada in which case you should select **“who is currently working in a regulated province in Canada”**
- select your specialty (radiography, nuclear medicine, radiation therapy, magnetic resonance or diagnostic medical sonography)
- click the “Apply for Registration” button

## Navigation through the application

- the steps in the application process are all listed on the left-hand side of the page
- click on each step and review and complete the appropriate information
- you can move between steps in the process
- clicking the “Next” button on the bottom of each page will save your responses and move you to the next step
- check marks indicate that you have completed a step

- you are able to edit the information on the pages until you submit your application
- you may start the process, leave and return at a later time(s) to complete the application
- when you return to update further information you will access your application form by signing into the online service and accessing the “**Applications**” tab
- you must complete all the steps and submit the application before paying your application fee
- you must complete the entire application and pay the application fee before CMRITO is able to review your application

## About Me

The “About Me” page will be populated with the information that you entered when you created your online profile.

You must use your legal name for your application and registration with the CMRITO.

Using a name, other than the name as set out in the register of the CMRITO while providing or offering to provide services within the scope of practice of the profession, is an act of professional misconduct under the CMRITO professional misconduct regulation. If you use a variation of your name or wish to use a different given name in practice, you must request a change to your name in the next section.

Review the information to verify its accuracy, make any necessary changes and click the “Next” button to save the information and move to the next step.

## Proof of name, date of birth, and citizenship

The CMRITO registration regulation requires that an applicant be a Canadian citizen, OR a permanent resident, OR authorized under the *Immigration and Refugee Protection Act (Canada)*, to engage in the practice of the profession.

You must scan and upload a copy of your birth certificate if you were born in Canada or proof of your Canadian citizenship or valid Canadian passport photo page or certificate of landing or permanent resident card, or work permit in the space provided on the page. This documentation is required but may be submitted later in the application process.

The CMRITO will use this documentation as evidence of your legal name and date of birth.

If any of the documents you have provided in the other sections are in a different name, you must complete, scan and upload your proof of name change.

If you wish to use a variation of your name, or a different given name in practice, you must complete, scan and upload your [request to add a given name used in practice to the Register](#) as it appears in the register of the CMRITO.

Click the “Next” button to save the information and move to the next step.

## Language fluency

The CMRITO registration regulation requires that applicants be able to speak and write English or French with reasonable fluency. If you have not completed one of the below tests at the time you submit your application, you can submit the results of your language test later in the application process.

The CMRITO Registration Committee accepts the following as proof of language fluency in English or French:

1. Proof that your professional training was completed in English or French, or
2. Proof of completion of one of the following:
  - the internet-based (iBT) TOEFL (Test of English as a Foreign Language) with a minimum total score of 73, and a minimum score of 21 in speaking; or
  - the paper-based TOEFL with a minimum score of 500, and TSE with a minimum score of 40; or
  - the IELTS (International English Language Testing System) test – academic (AC) with a minimum overall score of 6 and a minimum score of 6 in speaking; or
  - the IELTS (International English Language Testing System) test – general training (GT) with a minimum overall score of 6 and a minimum score of 6 in speaking; or
  - the MELA (Michener English Language Assessment) test with a minimum score of 8 in each of reading, listening and speaking and a minimum score of 7 in writing

You will be required to answer the following questions:

1. Are you able to speak and write reasonably fluently in English so that you can offer professional services to patients in that language?
2. Are you able to speak and write reasonably fluently in French so that you can offer professional services to patients in that language?
3. Would you prefer to receive documentation and services from the College in English or French?

If you have completed one of the above tests or have evidence that your program was completed in English or French, upload the document into the box at the bottom of the page.

Click the “Next” button to save the information and move to the next step.

## Registrations in other jurisdictions

You are required to provide information for all jurisdictions where you are currently registered to practise as a medical radiation and imaging technologist or another healthcare professional in another province in Canada, a USA state or another country.

Click on the “Add Registration” button and provide the information. You can upload a copy of your license or registration card in the space at the bottom of the page.

Click the “Next” button to save the information and move to the next step.

## Education in the profession

You must provide evidence to the CMRITO that you have successfully completed a program in medical radiation and imaging technology in your specialty and provide independent verification of the details of your educational program.

The Registration Committee will review your educational program(s), education and training in your specialty to determine whether or not your program(s) meets the registration requirement of being substantially similar to, but not equivalent to, an approved medical radiation and imaging technology program in Ontario.

You must also provide a detailed curriculum or course outline for your program, certified by your educational institution or professional association. Your curriculum or course outline should contain a detailed list of the courses and a description of the content of each course completed during your education and training, including the amount of time (clock hours) spent in both the theoretical and clinical components.

If your program required you to first complete another post-secondary educational program or courses prior to entering your program in medical radiation and imaging technology (e.g. a Bachelor of Science, a medical degree, a medical radiation and imaging technology program in another specialty, or pre-requisite college or university courses or credits), you must also provide independent verification of the details of the pre-requisite program.

Independent verification is best supplied by an original or notarized copy of your credential, an original or notarized copy of your academic transcript of marks, and an official curriculum of your program or by providing a copy of a credential assessment report from an agency such as WES, ICAS or MCC with copies of your credential, transcripts and curriculum. You may be required to send the original or notarized copies of your documents to the CMRITO with a print-out of your online application. The CMRITO will advise you which documents are required for validation. Once the authenticity of your documents has been validated, these documents will be returned to you.

If you are unable to provide the original or notarized copy of your credential(s), or your academic transcript(s) of marks, or an official curriculum of your program(s), the Registration Committee of the CMRITO may accept other evidence, such as an original letter from your educational institution, depending on the circumstances. Please contact the CMRITO at [internationalapplicants@cmrito.org](mailto:internationalapplicants@cmrito.org) if you are unable to provide the originals or notarized copies of your documents or have any difficulty in obtaining any of these documents.

Further details on the assessment process completed by the Registration Committee can be found in Appendix B of this document and in the Career Map for Internationally Trained Medical Radiation and Imaging Technologists available at this [link](#).

Upload a copy of your credential, your academic transcript of marks, curriculum and any other information you want to submit about your education and training in the space at the bottom of the page.

Click the “Next” button to save the information and move to the next step.

### Approved examination

Applicants must successfully complete the examination(s) set by the Canadian Association of Medical Radiation Technologists (CAMRT) or Sonography Canada. The CMRITO approved examination in medical radiation and imaging technology in the specialties of radiography, nuclear medicine, radiation therapy and magnetic resonance is the national certification examination of the Canadian Association of Medical Radiation Technologists (CAMRT). The CMRITO approved examination in medical radiation and imaging technology in the specialty of diagnostic medical sonography is the national certification examination of Sonography Canada. **Required but may be submitted later in the application process.**

If you have already successfully completed the CAMRT or Sonography Canada examination(s) in your specialty you can upload a copy of your notification of examination results in the space at the bottom of the page.

If you have not yet written the CAMRT or Sonography Canada examination(s), you will be able to access the appropriate examination following the review of the Registration Committee if your application is approved. When you have successfully passed your examination(s) you can email [registration@cmrito.org](mailto:registration@cmrito.org) and provide evidence of passing your examination(s).

Click the “Next” button to save the information and move to the next step.

### Currency of practice

You are required to provide evidence that you have engaged in practising the profession within the last five years. List the name and address of all your employers within the last five years and include the exact start and finish dates.

Attach a letter of confirmation of employment as a medical radiation and imaging technologist in your specialty from your most recent or current employer. The letter must confirm the **last date of employment**.

If you have never been employed as a medical radiation and imaging technologist since you completed your program in medical radiation and imaging technology or it is over five years

since you last worked as a medical radiation and imaging technologist in your specialty, include your most recent employer and tick the box on the screen.

Upload a letter of employment in the space at the bottom of the page.

Click the “Next” button to save the information and move to the next step.

### Competent practice

The CMRITO registration regulation requires that you demonstrate your competence to practise as a medical radiation and imaging technologist in your specialty by completing the Certificate Respecting Clinical Practice (see Appendix C) for your specialty. Click on the links for a copy of the form(s) that you must complete for your specialty and upload it to the space at the bottom of this step in the online form.

The forms you must complete have been added to this application guide as Appendix C. You must sign the Validation of Applicant section of the Certificate Respecting Clinical Practice to state that the information is true, and you must have your last or current direct clinical supervisor sign the Validation of Clinical Supervisor section of the Certificate Respecting Clinical Practice. Your direct clinical supervisor should be someone who has supervised your practice on a daily basis – either a medical radiation and imaging technologist who practises in your specialty, a radiologist, a cardiologist or a radiation oncologist.

If you have never been employed as a medical radiation and imaging technologist, please indicate such on the form.

Attach the **Certificate Respecting Clinical Practice** signed by your direct clinical supervisor in your most recent or current place of employment in the space below.

Click the “Next” button to save the information and move to the next step.

### Jurisprudence course

You are required to successfully complete a course in jurisprudence set or approved by the College. For this purpose, you must complete the CMRITO Legislation Learning Package and review the appropriate statutes, regulations, policies and guidelines which relate to the practice of the profession generally and to your specialty.

As the system needs 24 hours to register you for the course, access to the course will only be available 24 hours after you start your application. When you sign back into your portal, you will see a tab on the left side of your profile “Jurisprudence Quiz”. This tab will take you to the jurisprudence course and quiz. Once you have completed the Jurisprudence Course, save a copy of the Certificate of Completion for your records and upload a copy to your online application in the appropriate step.

Click the “Next” button to save the information and move to the next step.



## Declaration of conduct

The CMRITO registration regulation has a number of requirements regarding the past and present conduct of the applicant. Your past and present conduct must afford reasonable grounds for the belief that you:

1. will practise the profession with decency, honesty and integrity, and in accordance with the law,
2. do not have any physical or mental condition or disorder that could affect your ability to practise the profession in a safe manner, and
3. will display an appropriate professional attitude.

You will be required to answer the questions in this section by indicating the true answer. Knowingly giving a false answer to any question is grounds for refusal of the application by the Registration Committee and is an offence under s. 92 of the Health Professions Procedural Code (Schedule 2 of the *Regulated Health Professions Act, 1991*). Any false or misleading statement, representation or declaration in or in connection with your application, by commission or omission, is cause for revocation of any certificate of registration that may be issued to you by the CMRITO.

If you answer “Yes” to any of the questions, you must provide a detailed explanation in the space provided in the online page and upload all relevant documents in your possession. If you do not have these documents at the time you submit your application online, you will need to email them to [registration@cmrito.org](mailto:registration@cmrito.org). If you answer “No” to any of the questions at the time of application, but the circumstances change before you are issued a certificate of registration, you must immediately inform the CMRITO of the change of circumstances.

The questions you are required to answer are as follows:

1. Have you been found guilty of a criminal offence or of any offence related to the regulation of the practice of the profession?

An offence is a breach of law that is prosecuted in a court. This includes all findings or admissions of guilt, including but not limited to offences under the Criminal Code, the *Health Insurance Act* and other federal and provincial laws. You are required to report all findings or admissions of guilt, including those made in other jurisdictions and those for which you may have received a pardon.

2. Are you the subject of a current investigation involving an allegation of professional misconduct, incompetency or incapacity in Ontario in relation to another health profession, or in another jurisdiction in relation to the profession or another health profession?



3. Have you been the subject of a finding of professional misconduct, incompetency or incapacity in relation to the profession or another health profession, either in Ontario or in another jurisdiction?
4. Are you currently the subject of a proceeding involving an allegation of professional misconduct, incompetency or incapacity in relation to the profession or another health profession, either in Ontario or in another jurisdiction?
5. Has a finding of professional negligence or malpractice been made against you?
6. Do you have any physical or mental condition or disorder that could affect your ability to practise the profession in a safe manner?

**Note:** If you answer “Yes” to this question, you must provide a detailed explanation and arrange for your treating physician(s) and/or other health professional(s) to send directly to the CMRITO at [registration@cmrito.org](mailto:registration@cmrito.org) a report on your condition or disorder setting out your diagnosis, course of treatment, current health and prognosis. Where appropriate, this report should indicate any accommodation(s) that your physician and/or health professional believes is necessary in order for you to practise in a safe manner.

7. Is there any event, circumstance, condition or matter not disclosed in your answers to the preceding questions in respect of your character, conduct, competence or capacity that is relevant to the requirement set out above regarding your past and present conduct (refer to paragraphs 1, 2 and 3 above)?

Click the “Next” button to save the information and move to the next step.

### Review application summary

The next step in the online application process is to review all the information you have provided in your application to check that the information is accurate and that your application is complete. If you need to make any corrections to the information you have provided, or upload any supporting documents at a later time, click on the steps on the left. You may wish to take this opportunity to print this page to have a paper record of the information you have provided.

Once you have submitted and paid the application fee for your application for registration, you cannot change the information you have provided. You can however access your completed application in the “**Applications**” section of your CMRITO profile to view your application. If you have any additional documentation you want to provide at a later time, and you have already paid and submitted your application, you must email [registration@cmrito.org](mailto:registration@cmrito.org) to have the information added to your application.

## Declarations and signature

You will be required to check all the boxes on the page for the questions below, for the purposes of agreeing to the following declarations. You will also be required to check the box next to your name for the purposes of dating and signing your application for registration.

- I certify that all the information in this application and related documents is true.
- I acknowledge and understand that any false or misleading statement, representation or declaration in or in connection with my application, by commission or omission, is cause for revocation of any certificate of registration that may be issued to me by the College of Medical Radiation and Imaging Technologists of Ontario.
- I also acknowledge and understand that the College of Medical Radiation and Imaging Technologists of Ontario collects, uses and discloses personal information about me for regulatory purposes in accordance with the *Regulated Health Professions Act, 1991* and the *Medical Radiation and Imaging Technology Act, 2017* and for the purposes described in the CMRITO's Privacy Code, including for the purpose of human resource planning and demographic, research and other studies.
- I authorize the College of Medical Radiation and Imaging Technologists of Ontario to contact any authority, institution, association, body or person in any jurisdiction to verify the statements in my application and related documents and authorize any such authority, institution, association, body or person to release to the CMRITO any information relevant to the information set out in this application and related documents.

When you are sure your application is complete, and the information is accurate, click the "Submit" button to submit your application to the CMRITO and pay your application fee.

## Pay application fee

You can pay the application fee online by credit card or Interac payment (select financial institutions only). The application fee is a one-time fee of \$113.00 (\$100.00 fee, \$13.00 HST) and is non-refundable. Click "Process Payment" to pay your fee.

The receipt for your application fee will be available in the "Receipts" section of your CMRITO profile page.

## Confirmation of receipt of application

You will receive an email confirming receipt of your application, which will contain an application number. You will be able to check on the status of your application in the "**Applications**" section of the CMRITO MAP. The CMRITO will review the information you have provided in your application. You will be advised if you are required to mail any documents to the CMRITO for authentication and verification. If you are required to mail documents, you must print a copy of your application form and attach it to your notarized or original documents and mail them to the CMRITO for verification. The documents you provide will be returned to you when the application process is complete.

## Next steps

CMRITO will review your application and the documentation you have provided. If more information is required, the CMRITO will notify you by email. When your application is ready to be referred to the Registration Committee for review you will be required to pay the evaluation fee. CMRITO will send you a credit card payment form, or you can pay by making an online payment for the evaluation fee. You can expect the review process to take between three to six months to complete.

CMRITO will notify you if, and when you can complete the registration process and pay your registration fee. When you log into the MAP to finalize your registration you will see a notification on the “Profile” page. When you complete the registration process and pay your registration fee the CMRITO will register you, and your name and information will be posted on the [public register](#) on the CMRITO website. You can then inform your employer that you are legally authorized to practise as a medical radiation and imaging technologist and you can start using the protected title “Medical Radiation and Imaging Technologist” and the abbreviation “MRIT” and the appropriate abbreviation for your specialty radiation “MRT(N),” “MRT(T),” “MRT(MR)” or “DMS”.



## Documentation Checklist

- educational program in medical radiation and imaging technology
  - a notarized copy of your degree, certificate or diploma in medical radiation and imaging technology or provide an original letter from your educational institution confirming successful completion of the program or if you have already completed a credential evaluation such as WES, ICAS or MCC, submit a copy of your degree, certificate or diploma
  - an original or notarized copy of your academic transcript of marks or if you have already completed a credential evaluation on your program, a copy of your academic transcript of marks
  - an original or notarized copy of your academic transcript of marks
  - an original or notarized copy of the curriculum or course outline for your medical radiation and imaging technology program, certified by the educational institution or professional association including the number of theory hours in your program
  - an original or notarized copy of the detailed descriptions for the clinical training you completed as part of your educational program or internship, including the number of clock hours spent in your clinical training, certified by the educational institution or training hospital(s)
- pre-requisite post-secondary educational program or course (if applicable)
  - an original or notarized copy of your degree, certificate or diploma for the pre-requisite post-secondary educational program or courses, or provide an original letter from your educational institution confirming successful completion of the program or if you have already completed a credential evaluation such as WES, ICAS or MCC, submit a copy of your degree, certificate or diploma
  - an original or notarized copy of your academic transcript of marks for the pre-requisite post-secondary educational program or courses if you have not already completed a credential evaluation

- an original or notarized copy of the curriculum or course outline for your pre-requisite post-secondary educational program or courses, certified by the educational institution or professional association including the number of theory hours in your program
- an original or notarized copy of the detailed descriptions for the clinical training you completed as part of your educational program or internship, including the number of clock hours spent in your clinical training, certified by the educational institution or training hospital(s)
- proof from your educational institution that your program (including the theoretical and clinical components) and examinations in medical radiation and imaging technology were conducted in English or French OR proof of completion of TOEFL, TSE (if applicable), IELTS or MELA with the acceptable minimum scores
- a copy of your certificate, registration or license to practise in your country (if applicable)
- a letter of confirmation of employment as a technologist practising medical radiation and imaging technology in the specialty for which you are applying from your last or current employer confirming the last date of employment
- a Certificate Respecting Clinical Practice for your specialty signed by your direct clinical supervisor in your most recent or current place of employment.
- a copy of your birth certificate if born in Canada, or proof of Canadian citizenship, or certificate of landing or permanent resident card, or work permit
- proof of Change of Name, if any of these documents are in another name
- Certificate of Completion of the CMRITO jurisprudence course

## Appendix B – Information for applicants about assessment criteria

You must provide evidence to the CMRITO that you have successfully completed a program in medical radiation and imaging technology in your specialty and provide independent verification of the details of your educational program. Independent verification is best supplied by an original or notarized copy of your credential or a copy of a report from a credentialing agency such as WES, ICAS or MCC with a copy of your credential, an original or notarized copy of your academic transcript of marks, and an official curriculum of your program.

If your program required you to first complete another post-secondary educational program or courses prior to entering your program in medical radiation and imaging technology in your specialty of medical radiation and imaging technology (e.g. a Bachelor of Science, a medical radiation and technology program in another specialty, a medical degree or pre-requisite college or university courses or credits), you must also provide independent verification of the details of the pre-requisite program.

You must provide a detailed curriculum or course outline for your program, certified by your educational institution or professional association. Your curriculum or course outline should contain a detailed list of the courses and a description of the content of each course completed during your education and training, including the amount of time (clock hours) spent in both the theoretical and clinical components.

If you are unable to provide the original or notarized copy of your credential(s), or your academic transcript(s) of marks, or an official curriculum of your program(s), the Registration Committee of the CMRITO may accept other evidence, such as an original letter from your educational institution, depending on the circumstances. Please contact the CMRITO if you are unable to provide the original or notarized copies of your documents.

The Registration Committee will review your educational program(s) in medical radiation and imaging technology in your specialty and determine whether or not your program(s) meets the registration requirement of being substantially similar to, but not equivalent to, an approved Ontario medical radiation and imaging technology program in your specialty. In the past, when assessing a program, the CMRITO Registration Committee has considered the following:

### 1. Level of educational program and credential achieved

1. The level of the educational program: For example, post-secondary school, college or university
2. The credential achieved: For example, degree or diploma in radiography, radiological technology or imaging, nuclear medicine, radiation therapy, magnetic resonance or diagnostic medical sonography

### 2. Depth and breadth of theoretical education and clinical training completed

1. The length of the program(s) in medical radiation and imaging technology in your specialty, such as: years, months or weeks, the start and completion date, and whether the program was full or part-time studies
2. The total number of clock hours spent in theoretical instruction and the total number of clock hours spent in clinical training

## Theoretical education and clinical training completed – Radiography

1. The nature and content of the **theoretical education** completed. Examples of such courses and the content include:

- **Biological sciences:** radiographic anatomy, cross-sectional (multi-planar) anatomy, physiology, pathology
- **Radiation sciences:** Physics, radiation physics, radiation protection and radiobiology
- **Radiographic equipment theory and operation:** general radiographic, fluoroscopic, angiographic and interventional, radiographic mobile, fluoroscopic mobile, computed tomography (CT), mammographic
- **Imaging production, display and quality control:** film/screen, computed radiography, direct radiography, image intensification, solid state detectors, image processing, display, networking, archival and retrieval (analog and digital), picture archiving communication system (PACS), digital post-processing, film processing, darkroom techniques, film storage, image evaluation and optimization, quality control
- **Radiographic procedures:** radiographic technique and positioning for skeletal, digestive system, respiratory system, urinary system, reproductive system, computed tomography, and vascular and interventional studies
- **Patient care:** infection control, aseptic techniques, emergency response procedures, physiological monitoring, assessment of patient's condition, responding to patient's physical and psychological needs, contraindications, consent, post-procedural care
- **Behavioural sciences:** written communication skills (records and reporting), interpersonal communication skills, health legislation and professional practice, health care systems and ethical issues, and research methodology

2. The nature and content of the **clinical training** completed. Examples include:

- the names and types of facilities where the clinical training was completed
- whether the clinical training was supervised and the qualifications of the supervisor
- types of patients on whom procedures were performed during the clinical training: pediatric, geriatric, ambulatory, non-ambulatory, emergency, with chronic and acute illnesses
- types of settings where the clinical training was completed: imaging department, emergency, trauma, clinics, in-patient unit, operating room, intensive care unit (ICU), cardiac care unit (CCU)
- types of radiographic equipment used during the clinical training: general radiographic, fluoroscopic, angiographic and interventional, radiographic mobile, fluoroscopic mobile, computed tomography (CT), mammographic, and digital and analog imaging systems
- types of procedures completed during the clinical training: skeletal system, digestive system, respiratory system, urinary system, reproductive system, mammography, computed tomography, cardiovascular and interventional studies, and bone mineral densitometry

- types of patient care procedures performed during clinical training: infection control, aseptic techniques, emergency response procedures, physiological monitoring, assessment of patient's condition, responding to patient's physical and psychological needs, assessment of contraindications to the procedure, ensuring consent and post-procedural care



## Theoretical education and clinical training completed – Nuclear Medicine

1. The nature and content of the **theoretical education** completed. Examples of such courses and the content include:

- **Biological sciences:** anatomy, cross-sectional/relational anatomy, physiology, pathology, pharmacology
- **Radiation sciences:** physics, chemistry, mathematics, radiation physics, radiation science
- **Nuclear medicine instrumentation, theory and operation:** scintillation spectrometers, gamma cameras, bone densitometer, gas-filled detectors, dose calibrators, position emission tomography (PET) scanners, SPECT gamma cameras, computers and ancillary devices, related laboratory equipment, and fundamentals of computed tomography (CT)
- **Image acquisition, display, networking, archival and retrieval:** image/data analysis, picture archiving communication system (PACS), digital manipulation, quality control
- **Nuclear medicine methodology:** radiopharmaceuticals, pharmacokinetics, generator elutions, radiation assay testing, preparation of radiopharmaceuticals, radiolabels, labeling blood products, radiopharmaceutical quality control, calculate activity and volume of radiopharmaceutical, laboratory safety procedures, nuclear medicine imaging, molecular imaging, radiation therapy
- **Radiation protection and safety:** radiobiology, radioactive material disposal, storage and handling of radioactive materials, personal radiation monitoring devices, ALARA principle, radiation surveys, decontamination procedures, disposal of radioactive waste
- **Patient care:** administering radiopharmaceuticals by injection or inhalation, infection control, aseptic techniques, emergency response procedures, physiological monitoring, assessment of patient's condition, responding to patient's physical and psychological needs, contraindications, consent, post-procedural care, IV & IM injection, ECG placement
- **Behavioural sciences:** written communication skills: records and reporting, interpersonal communication skills, health legislation and professional practice, health care systems and ethical issues, research methodology

2. The nature and content of the **clinical training** completed. Examples include:

- the names and types of facilities where the clinical training was completed
- whether the clinical training was supervised and the qualifications of the supervisor
- types of patients on whom procedures were performed during the clinical training: pediatric, geriatric, ambulatory, non-ambulatory, emergency, with chronic and acute illnesses

- types of nuclear medicine instruments used during clinical training: scintillation spectrometers, gamma cameras, bone densitometer, gas-filled detectors, dose calibrators, positron emission tomography (PET) scanners, single positron emission tomography (SPECT) scanners, computers and ancillary devices, related laboratory equipment, PET/CT, SPECT/CT
- types of procedures completed during clinical training: therapeutic procedures, cardiovascular system, central nervous system, endocrine system, (gastrointestinal system, genitourinary system, respiratory system, skeletal system, tumor/inflammatory/lymph, hybrid imaging (PET/CT, SPECT/CT), computed tomography,
- types of quality control procedures completed during clinical training: floods, COR's, etc.
- types of radiopharmaceutical preparation completed during training: generator elution preparation of cold kits, quality control of kits, inventory control, etc.
- types of patient care procedures performed during clinical training: administering radiopharmaceuticals by injection and inhalation, infection control, aseptic techniques, emergency response procedures, physiological monitoring, assessment of patient's condition, responding to patient's physical and psychological needs, assessment of contraindications to the procedure, ensuring consent and post-procedural care.

## Theoretical education and clinical training completed – Magnetic Resonance

1. The nature and content of the **theoretical education** completed. Examples of such courses and the content include:

- **MR methodology and image analysis:** protocol parameters, normal and abnormal tissue characteristics, TR, TI, TE and flip angle for image weightings, spatial encoding, scan phase and frequency encoding, pulse sequence design, imaging planes, image acquisition, spatial resolution and temporal resolution, pixel and voxel size, conventional and fast imaging with respect to tissue weighting, time, imaging artifacts, pulse sequence and physical principles of signal generation, time-of-flight and phase contrast imaging, kinematic, dynamic and cine imaging, scan time and image quality, image effects of changes of FOV, matrix, plane, slice thickness, skip and signal averages, intrinsic and extrinsic field inhomogeneities, imaging protocols, image identification and annotation, quality control and phantom scanning, advanced MRI (kinematic, cardiac, spectroscopy and functional imaging)
- **MR physics and theory:** magnetic fields, proton imaging and precession, oscillating fields and currents, resonance frequency, magnetic resonance signals, image formation, tissue contrast, RF pulses and pulse angles, spin-lattice and spin-spin relaxation processes, prescan tuning, Larmor equation and its application
- **MR instrumentation and operation:** permanent magnets, superconducting magnets, low and high field magnets, open magnets, long bore, short bore, radiofrequency coils, magnet shimming, linear gradients, computer requirements, image enhancement filters, respiratory compensation devices, MR compatible monitoring devices, MR compatible support equipment, start-up and shutdown procedures for MR system and system components, trouble-shooting and equipment, management/maintenance
- **Biological sciences:** cross-sectional/multiplanar anatomy and physiology
- **Patient care, safety and professionalism:** health care legislation, MR bioeffects, MR physical hazards and standards, patient screening and MR contraindications, patient safety, comfort, lifts and transfers, positioning, patient communication devices, aseptic technique and infection control, contrast injection, contrast media, sedation and monitoring, emergency procedures for MR, leadership in healthcare

Examples of courses and the content of the **theoretical education** completed during the pre-requisite degree or diploma in medical radiation technology or diagnostic sonography include:

- **Biological sciences:** anatomy, physiology, pathology
- **Radiation sciences:** physics, mathematics
- **Imaging production, display and quality control:** image acquisition, display, networking, archival and retrieval, image/data analysis, picture archiving communication system (PACS), digital manipulation, film processing, darkroom techniques, film storage, quality control
- **Patient care:** administering contrast by injection, infection control, aseptic techniques, emergency response procedures, physiological monitoring, assessment of patient's

condition, responding to patient's physical and psychological needs, contraindications, consent, post-procedural care

- **Behavioural sciences:** written communication skills, records and reporting, interpersonal communication skills, health legislation and professional practice, health care systems and ethical issues, research methodology

2. The nature and content of the clinical training completed. Examples include:

- the names and types of facilities where the clinical training was completed
- whether the clinical training was supervised and the qualifications of the supervisor
- types of patients on whom procedures were performed during the clinical training: pediatric, geriatric, ambulatory, non-ambulatory, emergency, with chronic and acute illnesses, patients requiring monitoring, sedation and mechanical ventilation
- types of magnetic resonance imaging procedures completed during clinical training: head and neck, spinal, thorax, abdomen, pelvic, vascular, musculoskeletal, breast, and cardiac imaging and interventional procedures
- types of patient care procedures completed during clinical training: patient screening and contraindications, MR safety, administering contrast by injection, infection control, aseptic techniques, emergency response procedures, physiological monitoring, assessment of patient's condition, responding to patient's physical and psychological needs, assessment of contra-indications to the procedure, ensuring consent, and post-procedural care

## Theoretical education and clinical training completed – Radiation Therapy

1. The nature and content of the **theoretical education** completed. Examples of such courses and the content include:

- **Biological Sciences:** biology, anatomy and relational (cross-sectional) anatomy, physiology, pathobiology of disease
- **Radiation Sciences:** mathematics, physics, radiation physics, radiation protection, radiobiology, comparative imaging modalities
- **Radiotherapy methodology:** techniques and procedures, radiation beams and their applications (dosimetry), external beams, target volume, radiation dose, treatment plans, peak scatter factor, percent depth dose, tissue air ratio, tissue phantom ratio, beam energy, treatment distance, patient dose calculations, external beam therapy techniques
- **Radiation therapy equipment theory:** linear accelerators, fluoroscopic simulators, CT simulators, brachytherapy equipment, superficial treatment units, low-voltage treatment units, orthovoltage treatment units, treatment planning systems, quality assurance of radiation therapy equipment, digital and analog imaging systems
- **Patient care:** clinical oncology, epidemiology and etiology, clinical signs and symptoms, routes of spread, pathology, staging systems, management approaches, diagnostic & staging workup, prognostic factors, decision-making skills for treatment options, clinical outcomes for a variety of malignancies
- **Treatment planning:** planning methods for photon and electron beams, contouring, quality assurance, beam modifications for patient data, 3D conformal planning, brachytherapy, intensity modulated radiation therapy, stereotactic radiation therapy
- **Behavioural sciences:** health care systems and ethical issues, research methods, written communication skills (records and reporting), interpersonal communication skills, health legislation and professional practice

2. The nature and content of the **clinical training** completed. Examples include:

- the names of hospitals and cancer centres where the clinical training was completed
- whether the clinical training was supervised and the qualifications of the supervisor
- types of radiation therapy equipment used during clinical training: linear accelerators, photon beams, electron beams, brachytherapy, fluoroscopic simulators, CT simulators, digital and analog imaging systems
- types of techniques and procedures performed during clinical training: performing simulation, and brachytherapy procedures, treatment and dosimetry planning for breast, genitourinary, lung, gastrointestinal, head/neck, gynecology, central nervous system, palliative and emergency cases, tattooing, constructing immobilization devices, performing dose calculations (manually and with computers), acquiring and reviewing pre and post treatment images
- types of patient care procedures performed during clinical training: infection control, aseptic techniques, emergency response procedures, physiological monitoring, assessment of patient's condition, responding to patient's physical and psychological

needs, assessment of contraindications to the treatment, ensuring consent, post-procedural care, and patient education

## Theoretical education and clinical training completed – Diagnostic Medical Sonography

1. The nature and content of the theoretical and clinical training required by the program. Examples of such courses and the content include:
  - **Sciences:** sonographic pathology and anatomy, physiology
  - **Sonographic physics and instrumentation:** physics of ultrasound, Doppler (e.g. pulsed wave, colour, real time assessments), 3D imaging, transducer types and frequencies
  - **Instrument quality control and maintenance:** display, networking, archival and retrieval (analog & digital), picture archiving communication system (PACS), digital post-processing, image evaluation and optimization, quality management,
  - **Patient care:** infection control, aseptic techniques, emergency response procedures, physiological monitoring, assessment of patient's condition, responding to patient's physical and psychological needs, contraindications, consent, post-procedural care, transducer cleaning and reprocessing
  - **Behavioural sciences:** written communication skills (records and reporting), interpersonal communication skills, health legislation and professional practice, health care systems and ethical issues research methodology
  - **Generalist specific sonographic procedures:** obstetrics, non-fetal obstetrical structures, gynecology and pelvic organs, abdomen, superficial structures, extracranial arteries and peripheral veins; or
  - **Vascular specific procedures:** cerebrovascular arteries, abdominal vasculature, upper and lower extremities arterial and venous studies, vascular exercise testing; or
  - **Cardiac specific procedures:** paediatric heart, adult heart, stress echocardiography, setting up ECG.
2. The nature and content of the clinical training completed. Examples include:
  - variety of patient types: pediatric, geriatric, ambulatory, non-ambulatory, emergency, with chronic and acute illnesses
  - variety of clinical settings: imaging department, emergency, trauma, clinics, in-patient unit, operating room, intensive care unit (ICU), cardiac care unit (CCU)
  - variety of sonographic equipment: real-time 2-D, Doppler (pulsed wave, colour, real time assessments), 3D imaging, transducer types and frequencies
  - variety of patient care procedures: infection control, aseptic techniques, emergency response procedures, physiological monitoring, assessment of patient's condition, responding to patient's physical and psychological needs, assessment of contraindications to the procedure, ensuring consent and post-procedural care, infection control procedures, transducer cleaning and/or reprocessing procedures, equipment quality control, insertion of transvaginal transducer/transrectal transducer
  - variety of (generalist) sonographic procedures: obstetric gynecologic and male pelvis, breast, abdomen, chest, superficial structures, musculoskeletal, vascular general (lower extremity for DVT) and interventional procedures

- variety of (vascular) sonographic procedures: extracranial arteries, and abdominal vasculature, upper extremity and lower extremity (arterial and venous studies), photoplethysmography, arterial pressure testing and vascular exercise testing and interventional procedures
- variety of (cardiac) sonographic procedures: paediatric and adult heart, stress echocardiography





## Appendix C – Certificate respecting clinical practice

### Application for certificate of registration in a specialty of medical radiation and imaging technology

#### Directions for Applicants

You must provide evidence of having been engaged in clinical practice in your specialty within the last five years. You must complete a certificate respecting clinical practice for the specialty for which you are applying. You must sign the “Validation of applicant” section to confirm that the information is true, and you must have your last or current direct clinical supervisor complete the “Validation of clinical supervisor” section. Your direct supervisor should be someone who has supervised your daily procedures - either another medical radiation and imaging technologist who practises in the applicant’s specialty, a radiologist, a cardiologist, a radiation oncologist or another physician. If it has been over five years since you were engaged in clinical practice in your specialty, contact the CMRITO. If you have never been employed as a medical radiation and imaging technologist, please indicate such.

This documentation is used to demonstrate your competence to practise as a medical radiation and imaging technologist in your specialty. Complete the list of procedures on the form for the specialty for which you are applying, indicating which procedures you have performed independently during the course of your most recent or current employment and the date you last performed those procedures.

When complete, upload this form to the Competent Practice section of your online application. Retain the original form in the event the CMRITO requests to review the form. Do not mail or fax the form to the CMRITO unless requested.

#### Directions for Supervisor

The applicant has applied to the College of Medical Radiation and Imaging Technologists of Ontario to be registered as a medical radiation and imaging technologist in Ontario. The “Validation of clinical supervisor” section of the Certificate Respecting Clinical practice is to be completed and signed by the applicant’s last or current clinical supervisor. The clinical supervisor should be someone who has supervised the applicant’s practice on a daily basis - either another medical radiation and imaging technologist who practises in the applicant’s specialty, a radiologist, a cardiologist, a radiation oncologist or another physician.

To assist the Registrar of the CMRITO in determining whether the applicant meets the requirements prescribed by the regulations, please review the attached Certificate Respecting Clinical practice. If the statements in the “Validation of clinical supervisor” section are true, please complete and sign the certificate.



# Radiography

## Certificate Respecting Clinical Practice

This documentation is used to demonstrate your competence to practise as a medical radiation and imaging technologist in your specialty of radiography.

Complete this form for your most recent or current place of employment. Your employment must have been within the last five years

Name of Applicant: \_\_\_\_\_  
(please print)

Name of Employer: \_\_\_\_\_  
(please print)

Identify the procedures you have performed independently in your employment as a medical radiation and imaging technologist in the specialty of radiography from the list below. Select only those that apply.

- Indicate the date each procedure was last performed (if applicable)
- You must complete the “Validation of applicant” section
- Your supervisor must complete the “Validation of clinical supervisor” section

Procedures	NA	Date last performed (MM/YY)
Skeletal system imaging		
Mammography		
Digestive system imaging		
Respiratory system imaging		
Computed tomography		
Mobile		
Surgical suite procedures (OR)		
Cardiovascular system imaging		
Interventional procedures		
Bone mineral densitometry		
Pediatric imaging		
Reproductive system imaging		
Other Procedures	NA	Date last performed (MM/YY)
Equipment quality control		
Apply radiation safety practices		
Maintain infection control practices		
Administer contrast media		
Insertion of rectal tube		
RIS/PACS		

**Validation of applicant:**

“I hereby certify that I have been trained to perform, am competent to perform and performed in my employment the specific procedures set out above, within the time frame indicated”.

\_\_\_\_\_  
*Applicant signature*

\_\_\_\_\_  
*Date signed (mm/dd/yyyy)*

**Validation of clinical supervisor:**

“I hereby certify that the applicant has competently performed all of the specific procedures listed above, that all the information contained in the above list of procedures and certificate is true and correct and that I am/was the direct clinical supervisor of the applicant. I hereby acknowledge that the College of Medical Radiation and Imaging Technologists of Ontario will be relying upon this validation as evidence of the applicant’s competent clinical practice in the specialty within the last five years.”

\_\_\_\_\_  
*Name of supervisor*

\_\_\_\_\_  
*Title of supervisor*

\_\_\_\_\_  
*Name of facility*

\_\_\_\_\_  
*Telephone or email of supervisor*

\_\_\_\_\_  
*Supervisor signature*

\_\_\_\_\_  
*Date sign (mm/dd/yyyy)*

*Stamp or seal of facility (if available)*



# Nuclear Medicine

## Certificate Respecting Clinical Practice

This documentation is used to demonstrate your competence to practise as a medical radiation and imaging technologist in your specialty of nuclear medicine.

Complete this form for your most recent or current place of employment. Your employment must have been within the last five years.

Name of Applicant: \_\_\_\_\_  
(please print)

Name of Employer: \_\_\_\_\_  
(please print)

Identify the procedures you have performed independently in your employment as a medical radiation and imaging technologist in the specialty of nuclear medicine from the list below. Select only those that apply.

- Indicate the date each procedure was last performed (if applicable)
- You must complete the “Validation of applicant” section
- Your supervisor must complete the “Validation of clinical supervisor” section

Procedures	NA	Date last performed (MM/YY)
Cardiovascular imaging		
Therapeutic Procedures		
Central nervous system imaging		
Endocrine system imaging		
Gastrointestinal imaging		
Genitourinary imaging		
Respiratory system imaging		
Skeletal imaging		
Inflammatory process / tumor / lymph imaging		
Hybrid imaging (PET/CT, SPECT/CT)		
Computed tomography		
<b>Other Procedures</b>		<b>Date last performed (MM/YY)</b>
Instrumentation quality control		
Apply radiation safety practices		
Maintain infection control practices		
Radiopharmaceutical preparation and quality control		
Administration of radiopharmaceuticals (IV, orally, inhalation)		
Computer processing and analysis		
Non-imaging/benchtop		
RIS/ PACS		
Post processing		

**List Nuclear Medicine Equipment Used:**

---

---

---

---

---

**Validation of applicant:**

“I hereby certify that I have been trained to perform, am competent to perform and performed in my employment the specific procedures set out above, within the time frame indicated”.

\_\_\_\_\_

*Applicant signature*

\_\_\_\_\_

*Date signed (mm/dd/yyyy)*

**Validation of clinical supervisor:**

“I hereby certify that the applicant has competently performed all of the specific procedures listed above, that all the information contained in the above list of procedures and certificate is true and correct and that I am/was the direct clinical supervisor of the applicant. I hereby acknowledge that the College of Medical Radiation and Imaging Technologists of Ontario will be relying upon this validation as evidence of the applicant’s competent clinical practice in the specialty within the last five years.”

\_\_\_\_\_

*Name of supervisor*

\_\_\_\_\_

*Title of supervisor*

\_\_\_\_\_

*Name of facility*

\_\_\_\_\_

*Telephone or email of supervisor*

\_\_\_\_\_

*Supervisor signature*

\_\_\_\_\_

*Date sign (mm/dd/yyyy)*

*Stamp or seal of  
facility (if available)*



# Radiation Therapy

## Certificate Respecting Clinical Practice

This documentation is used to demonstrate your competence to practise as a medical radiation and imaging technologist in your specialty of radiation therapy.

Complete this form for your most recent or current place of employment. Your employment must have been within the last five years.

Name of Applicant: \_\_\_\_\_  
(please print)

Name of Employer: \_\_\_\_\_  
(please print)

Identify the procedures you have performed independently in your employment as a medical radiation and imaging technologist in the specialty of radiation therapy from the list below. Select only those that apply.

- Indicate the date each procedure was last performed (if applicable)
- You must complete the “Validation of applicant” section
- Your supervisor must complete the “Validation of clinical supervisor” section

Procedures	NA	Date last performed (MM/YY)
Perform simulation		
Perform treatment planning / dosimetry		
Perform external beam treatments		
Breast		
Genitourinary (GU)		
Lung		
Gastrointestinal (GI)		
Head/neck		
Gynecology		
Central Nervous System (CNS)		
Palliative & emergency care		
Construct immobilization devices		
Acquire & review (pre & post treatment images)		
Perform brachytherapy procedures		
Perform dose calculations – manually and/or with computers		

Other Procedures	NA	Date last performed (MM/YY)
Perform quality assurance procedures		
Maintain infection control procedures		
Administer contrast media by injection		
Tattooing		
Assess and educate the patient on radiation therapy reactions		
Apply radiation safety practices		

**Validation of applicant:**

“I hereby certify that I have been trained to perform, am competent to perform and performed in my employment the specific procedures set out above, within the time frame indicated”.

\_\_\_\_\_

*Applicant signature*

\_\_\_\_\_

*Date signed (mm/dd/yyyy)*

**Validation of clinical supervisor:**

“I hereby certify that the applicant has competently performed all of the specific procedures listed above, that all the information contained in the above list of procedures and certificate is true and correct and that I am/was the direct clinical supervisor of the applicant. I hereby acknowledge that the College of Medical Radiation and Imaging Technologists of Ontario will be relying upon this validation as evidence of the applicant’s competent clinical practice in the specialty within the last five years.”

\_\_\_\_\_

*Name of supervisor*

\_\_\_\_\_

*Title of supervisor*

\_\_\_\_\_

*Name of facility*

\_\_\_\_\_

*Telephone or email of supervisor*

\_\_\_\_\_

*Supervisor signature*

\_\_\_\_\_

*Date sign (mm/dd/yyyy)*

*Stamp or seal of facility (if available)*



# Magnetic Resonance

## Certificate Respecting Clinical Practice

This documentation is used to demonstrate your competence to practise as a medical radiation and imaging technologist in your specialty of magnetic resonance.

Complete this form for your most recent or current place of employment. Your employment must have been within the last five years.

Name of Applicant: \_\_\_\_\_  
(please print)

Name of Employer: \_\_\_\_\_  
(please print)

Identify the procedures you have performed independently in your employment as a medical radiation and imaging technologist in the specialty of magnetic resonance from the list below. Select only those that apply.

- Indicate the date each procedure was last performed (if applicable)
- You must complete the “Validation of applicant” section
- Your supervisor must complete the “Validation of clinical supervisor” section

<b>Procedures</b>	<b>NA</b>	<b>Date last performed (MM/YY)</b>
Musculoskeletal imaging		
Head and neck imaging		
Spinal imaging		
Abdominal imaging		
Thorax imaging		
Pelvic imaging		
Vascular imaging		
Cardiac imaging		
<b>Other Procedures</b>	<b>NA</b>	<b>Date last performed (MM/YY)</b>
Screen patients for contraindications, foreign objects..etc		
Equipment quality control		
Apply MR safety practices		
Maintain infection control practices		
Administer contrast media by injection		
Post processing		
RIS/PACS		
Interventional procedures		
Breast imaging		



**Validation of applicant:**

“I hereby certify that I have been trained to perform, am competent to perform and performed in my employment the specific procedures set out above, within the time frame indicated”.

\_\_\_\_\_  
*Applicant signature*

\_\_\_\_\_  
*Date signed (mm/dd/yyyy)*

**Validation of clinical supervisor:**

“I hereby certify that the applicant has competently performed all of the specific procedures listed above, that all the information contained in the above list of procedures and certificate is true and correct and that I am/was the direct clinical supervisor of the applicant. I hereby acknowledge that the College of Medical Radiation and Imaging Technologists of Ontario will be relying upon this validation as evidence of the applicant’s competent clinical practice in the specialty within the last five years.”

\_\_\_\_\_  
*Name of supervisor*

\_\_\_\_\_  
*Title of supervisor*

\_\_\_\_\_  
*Name of facility*

\_\_\_\_\_  
*Telephone or email of supervisor*

\_\_\_\_\_  
*Supervisor signature*

\_\_\_\_\_  
*Date sign (mm/dd/yyyy)*

*Stamp or seal of  
facility (if available)*



# Diagnostic Medical Sonography

## Certificate Respecting Clinical Practice

This documentation is used to demonstrate your competence to practise as a medical radiation and imaging technologist in your specialty of diagnostic medical sonography.

Complete this form for your most recent or current place of employment. Your employment must have been within the last five years.

Name of Applicant: \_\_\_\_\_  
(please print)

Name of Employer: \_\_\_\_\_  
(please print)

Identify the procedures you have performed independently in your employment as a medical radiation and imaging technologist in the specialty of diagnostic medical sonography from the list below. Select only those that apply.

- Indicate the date each procedure was last performed (if applicable)
- You must complete the “Validation of applicant” section
- Your supervisor must complete the “Validation of clinical supervisor” section

Procedures	N/A	Date last performed (MM/YY)
General		
Obstetrical		
Gynecological		
Interventional procedures		
Male pelvis		
Abdomen		
Chest (excludes cardiac)		
Breast		
Superficial structures		
Musculoskeletal (MSK)		
Vascular general (lower extremity for DVT)		
Vascular		
Extracranial arteries		
Abdominal vasculature (arterial and venous studies)		
Upper extremity (arterial and venous studies)		
Lower extremity (arterial and venous studies)		
Photoplethysmography		
Interventional procedures		
Arterial pressure testing		
Vascular exercise testing		

<b>Procedures</b>	<b>N/A</b>	<b>Date last performed (MM/YY)</b>
Cardiac		
Paediatric heart		
Adult heart		
Stress echocardiography		
Interventional procedures		
Other		
Infection control procedures		
Transducer cleaning and reprocessing procedures		
Equipment quality control		
Insertion of transvaginal transducer		
Insertion of transrectal transducer		
Administer contrast media by injection		
RIS/ PACS		

**Validation of applicant:**

“I hereby certify that I have been trained to perform, am competent to perform and performed in my employment the specific procedures set out above, within the time frame indicated”.

\_\_\_\_\_

*Applicant signature*

\_\_\_\_\_

*Date signed (mm/dd/yyyy)*

**Validation of clinical supervisor:**

“I hereby certify that the applicant has competently performed all of the specific procedures listed above, that all the information contained in the above list of procedures and certificate is true and correct and that I am/was the direct clinical supervisor of the applicant. I hereby acknowledge that the College of Medical Radiation and Imaging Technologists of Ontario will be relying upon this validation as evidence of the applicant’s competent clinical practice in the specialty within the last five years.”

\_\_\_\_\_

*Name of supervisor*

\_\_\_\_\_

*Title of supervisor*

\_\_\_\_\_

*Name of facility*

\_\_\_\_\_

*Telephone or email of supervisor*

\_\_\_\_\_

*Supervisor signature*

\_\_\_\_\_

*Date sign (mm/dd/yyyy)*

*Stamp or seal of facility (if available)*



**C M R I T O**

**Regulator of medical radiation and  
imaging technologists in Ontario**

Tel: 416.975.4353

Toll Free: 1.800.563.5847

Fax: 416.975.4355

[www.cmrito.org](http://www.cmrito.org)