



CMRITO

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

Ontario Application Guide

**for a person applying for registration who has
completed (or is currently completing) a CMRITO approved
educational program in medical radiation and imaging
technology in Ontario**

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The College of Medical Radiation and Imaging Technologists of Ontario (CMRITO) welcomes your application for registration as a medical radiation and imaging technologist in the specialty of radiography, nuclear medicine, radiation therapy, magnetic resonance or diagnostic medical sonography.

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.

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, or are currently enrolled in, a CMRITO approved educational program in medical radiation and imaging technology in Ontario.

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. It is suggested that you start the application process about three months before you complete your CMRITO approved educational program. When you have created your online profile in the CMRITO MAP in the “About me” section and provided your contact information, CMRITO will communicate with you by email.

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 MAP. You can return at a later time to complete the rest of your application
3	Complete the CMRITO Legislation Learning Package (jurisprudence course) - access will be available 24 hours after you start your application.
4	Complete your application, upload all the required documents, pay the application fee and submit your application to CMRITO for assessment
5	CMRITO will review your application and will confirm with your program director that you have successfully completed your program in Ontario
6	Write the CAMRT or Sonography Canada examination(s)
7	Provide evidence of passing the CAMRT or Sonography Canada examination(s)
8	CMRITO notifies you whether your application is accepted or refused. If accepted, CMRITO advises you about any remaining requirements to register including payment of the registration fee
9	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
10	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

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.

CMRITO is not able to start the review process on incomplete applications. If you do not have all the required 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 is complete and you have paid the application fee. CMRITO will communicate with you by email during the application process.

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. When you

have submitted your complete application, CMRITO will review it and determine whether or not you meet all the requirements for registration as set out in the registration regulation. You can expect the final approval process to take between one to seven business days once you have provided proof of passing your exams.

If you do not meet all the requirements for registration your application will be reviewed by the Registration Committee of the CMRITO, in this case it may take between three to four months to process your application.

Required documents

The CMRITO requires proof that you have successfully completed your Ontario program in medical radiation and imaging technology program in the specialty for which you are applying. You can start the application process before you have completed your program. The CMRITO will validate with your program director that you have successfully completed your program, or you can provide proof by uploading a copy of your certificate, diploma or degree, and a copy of your academic transcript from your program if available at the time of your application.

The CMRITO also requires proof that you have successfully completed the examination(s) approved by the College Council (the CAMRT or Sonography Canada examination(s)), prior to issuing a certificate of registration. The CAMRT or Sonography Canada will provide the CMRITO with examination results when available, or, you may submit evidence from the CAMRT or Sonography Canada confirming that you have successfully completed the examination(s).

You will be prompted to scan and upload the documents listed below:

- Proof of successful completion of one of the CMRITO approved educational programs in Ontario (a list of the approved programs can be found [here](#)) - **if you have already completed your program**
- Proof of successful completion of the CAMRT or Sonography Canada (CMRITO approved) examination(s) (see further information on approved examinations on page 8 of this guide) - **if you have already completed the examination**
- Proof of name, date of birth, and citizenship can be provided using one of the following documents: your Canadian birth certificate, proof of Canadian citizenship, certificate of landing or permanent resident card, work permit or valid Canadian passport - **Required**
- Name change: if the name on any of your documents is different from your current name, you must provide proof of a name change - **Required if applicable**
- Proof of completion of the CMRITO jurisprudence course (completed Certificate of Completion) - **Required**

You are not required to submit the original documents to the CMRITO. The CMRITO will contact you if original documents are required for authentication and validation.

Fees

There are two fees for this process – the application 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.

Payment of the registration fee is the final step to become registered, if your application meets 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](#).

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.

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.

- from the four options on the screen select the one for an applicant “**who has successfully completed an approved program in Ontario**”
- select your specialty (radiography, nuclear medicine, radiation therapy, magnetic resonance or diagnostic medical sonography)
- click the “Apply for Registration” button

Navigation through the online application

- the steps are listed and visible in the navigation menu 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
- you are able to edit the information on the pages until you submit your application
- check marks indicate that you have completed a step
- some steps require you to scan and upload supporting documents
- 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 going to 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 to determine if you are eligible for registration
- if you have not written the CAMRT or Sonography Canada examination(s) at the time you submit your application you will be able to provide proof of completion when you receive it, by sending a copy to registration@cmrito.org.

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 and verify that your name, address and contact information are accurate, 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.

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 a 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](#).

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.

You will be required to answer the questions below:

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?

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.

Approved educational program

You are required to complete an approved program in medical radiation and imaging technology in your specialty. The approved educational programs can be found [here](#).

You can click on "Add Educational Program" to provide information on the CMRITO approved program you have completed or are currently completing.

If you have not completed your program at the time you submit your application for registration, the CMRITO will confirm with your program director that you have successfully completed the program before approving your application. Note that you have five years from the time you successfully completed the program to become registered with CMRITO.

If you have already successfully completed one of the CMRITO approved programs, you must provide confirmation by scanning and uploading a copy of your Degree, Diploma or Certificate, and a copy of your transcript of marks in the space at the bottom of the page, or you can request the Program Director of your program to email confirmation that you have successfully completed the program directly to registration@cmrito.org.

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

Approved examination

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(s) of Sonography Canada.

You must provide evidence of the successful completion of your examination(s) by scanning and uploading a copy of your notification of examination results in the space at the bottom of the page, if you have already completed the examination(s).

If you have not yet written the CAMRT or Sonography Canada examination(s), or if you have not yet received your examination results, the CAMRT or Sonography Canada will provide the CMRITO with a list of successful applicants. However, you will receive your results before CMRITO receives this notification. If you are ready to start work immediately, call the CMRITO to make arrangements for completing the registration process. If you do not contact the CMRITO immediately after receiving your examination results, the CMRITO will send you an email outlining the final steps for registration after confirming that you have passed the examination(s).

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

Currency of practice or program completion

You must provide evidence of having successfully completed an approved educational program within the last five years, or if you have been working outside Ontario since you completed your program, you must provide evidence that, within the last five years, you have engaged in the practice of your specialty.

If it has been more than five years since you completed your program or were last employed as a medical radiation and imaging technologist in your specialty, contact registration@cmrito.org for further information.

No work experience since completing your program

If you have not been employed as a medical radiation and imaging technologist in your specialty since completing your program, please select the box on the page.

Work experience since completing your program

If you have been employed as a medical radiation and imaging technologist in your specialty since completing your program, please provide your work history for the past 5 years by using the “Add work history” button.

Competent Practice

The CMRITO registration regulation requires that you demonstrate your competence to practise as a medical radiation and imaging technologist in your specialty.

If you have completed a program in your specialty within the last five years and have not engaged in practice in your specialty click Next to move to the next step in the application.

If you have been employed as a medical radiation and imaging technologist in your specialty in the last five years, you must complete a Certificate Respecting Clinical Practice (see Appendix A) for your specialty. Click on the link and select the form(s) for your specialty, complete it and upload it in the space at the bottom of the page.

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.

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 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 the profession generally and to the specialty for which you are applying.

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. 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 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 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 for registration to the CMRITO and pay your application fee.

Pay application fee

You can pay the application fee online by credit card or Interac (select financial organizations 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.

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 your CMRITO Profile page.

CMRITO will review your application and determine whether or not you meet all the requirements for registration as set out in the registration regulation. If more information is required, or if your application is referred to the Registration Committee for review, the CMRITO will notify you by email. That review process may take between one to four months to complete.

You will receive emails from the CMRITO regarding your application.

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.

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 also see a notification on the “Profile” page. When you complete the registration process 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” or the appropriate abbreviation for your specialty “MRT(R),” “MRT(N),” “MRT(T),” “MRT(MR)” or “DMS”.



Appendix A – 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		
Other Procedures		Date last performed (MM/YY)
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

Procedures	NA	Date last performed (MM/YY)
Musculoskeletal imaging		
Head and neck imaging		
Spinal imaging		
Abdominal imaging		
Thorax imaging		
Pelvic imaging		
Vascular imaging		
Cardiac imaging		
Other Procedures	NA	Date last performed (MM/YY)
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		

Procedures	N/A	Date last performed (MM/YY)
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**

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