



C M R I T O

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

Reinstatement Application Guide

**for a medical radiation and imaging technologist
who has resigned or whose certificate has been
suspended for failure to pay fees**

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The College of Medical Radiation and Imaging Technologists of Ontario (CMRITO) welcomes your application for reinstatement of a certificate of 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 reinstatement of 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).

If it has been over five years since you last practised as a medical radiation and imaging technologist in any jurisdiction, you will be required to complete the retraining program approved by the College before you are eligible for reinstatement. Contact registration@cmrito.org to discuss your individual situation and to receive information about the retraining program for your specialty.

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, and the forms that your former supervisor/employer will need to complete, can be found in this application guide.

Who can apply

This application process applies to you if you are a former registrant of the College, and you resigned by submitting an online resignation (written notice) during the year in which you stopped working, or if you are a former registrant whose certificate of registration was suspended for failure to pay fees.

If you are planning to reinstate your registration in more than one specialty, you will need to complete a separate online Application for Reinstatement for each specialty for which you are applying.

Reinstatement after suspension for failure to pay fees

To reinstate with the CMRITO following a suspension for failure to pay fees, you must complete an online Application for Reinstatement for each of the specialties in which you wish to reinstate and submit it to the CMRITO with the applicable fees.

To lift the suspension, you must:

- prove that you are competent to practise as a medical radiation and imaging technologist in your specialty(ies) in the year in which you wish to resume practice in Ontario.
- pay the applicable fees.
- if you have not been practising for five years, you will be required to complete the retraining program approved by the CMRITO before you are eligible for reinstatement.

To reinstate with the CMRITO following suspension you must pay a penalty equal to the annual fee and a re-registration fee equal to the annual fee prorated by the percentage of the year remaining to your birthday, provided that the prorated amount is no less than 50% of the annual fee, and meet the registration requirements of the CMRITO. The fee for reinstatement following suspension will be no less than \$796.65 and no more than \$1,062.20 depending upon your individual circumstances.

Steps and timelines in the application and registration process

Below is an overview of the steps in the process that will be helpful for you as you complete your application.

The first step is to sign in to your online profile at www.cmrito.org, gather the documents you need to support your online application for reinstatement, and complete and submit your application.

For your application to be complete, you are required to complete all steps in the online application process and provide all the required documentation.

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. All draft applications will expire five years from the date they were started. Your application will not be processed until all the information is complete. CMRITO will communicate with you by email during the application process.

Below is an overview of the steps in the process:

| Step | Activity |
|------|--|
| 1 | Review the information about the reinstatement process and documents you will be required to provide. |
| 2 | Sign in to the CMRITO Portal and select Apply for Reinstatement from the menu options. |
| 3 | Complete the jurisprudence course. |
| 4 | Complete your application, upload all the required documents and submit your application to CMRITO for assessment. |
| 5 | CMRITO will review your application and notify you whether your application is accepted or refused. |
| 6 | Complete any remaining requirements to register including payment of the registration fee. |
| 7 | CMRITO registers you. You will receive confirmation that you have been registered. Your registration status will be updated on the public register. |
| 8 | 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. |

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 for reinstatement prompts you to provide all the documents required to demonstrate that you meet the requirements for registration. When you have submitted your completed application for reinstatement, 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 review process to take between one to seven business days.

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 four to six months to process your application.

When you are ready to start your application sign in to the CMRITO Portal at www.cmrito.org using your existing registrant profile.

Required documents

You will be prompted to upload the documents listed below:

- Evidence of employment as a medical radiation and imaging technologist within the past five years – **Required**
- Name change: if the name you are using in practice is different from your name in the CMRITO register, you must provide proof of a name change – **Required if applicable**
- Certificate of Completion of the CMRITO jurisprudence course

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

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. The annual fee is \$531.10 (\$470.00 fee, \$61.10 HST). The annual registration fee is due on your birthday each year. Registrants in more than one specialty pay only one annual fee.

Past registrants may have a fee credit which will be applied at the time of your reinstatement, if you resigned before the date on which your annual fee was due and you are reinstating within five (5) years from the date of your resignation.

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

CMRITO Portal

To start your online application for reinstatement, sign in to the CMRITO Portal at www.cmrto.org by using the “Sign In” button. You must sign in to the online service with your email address and password. If you have forgotten your password, you can use the forgot password feature. A verification code will be sent to the email address on file with the CMRITO. It is recommended that you use a computer, with a scanner, to complete your online application for reinstatement 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 password
- review and accept the Terms and Conditions of use of the site
- select “Apply for Reinstatement” option
- review the information and select the specialty in which you wish to reinstate from the dropdown list.

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
- 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 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 accessing the “**Applications**” tab
- you must complete all the steps and submit the entire application, before CMRITO is able to review your application to determine if you are eligible for reinstatement

About Me

The “About Me” page will be populated with the information that you previously provided to CMRITO.

If you have changed your name, complete, scan and upload your [proof of a name change](#).

If you 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.

The “request to add a name used in practice” and the “change of name” forms can be found in the “Update Name in Register” tab in your Profile.

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.

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.

Other licences

You are required to provide information if you are currently licensed to practise the profession of medical radiation and imaging technology in another province or country, or another profession in Ontario or another province in Canada or another country.

Click on the “Add Licence/Registration” button and provide the information. You can upload a copy of your licence 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.

Competent practice

You must complete a Certificate Respecting Clinical Practice for each specialty in which you wish to reinstate. Click on the link for the form(s) you must complete for your specialty and upload it to the page. If it has been over five years since you were engaged in competent practice in your specialty, complete the form using the most recent place of employment and contact registration@cmrito.org.

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.

Most recent employment

The CMRITO registration regulation requires that you demonstrate that you have competently practised as a medical radiation and imaging technologist in the specialty you are applying to reinstate in, within the last five years.

You must provide the name and address of your most recent employer, full name of your direct clinical supervisor, their telephone number and the date you last practised.

Jurisprudence course

You must provide evidence of successfully completing a jurisprudence course 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 the specialty in which you are reinstating.

The jurisprudence course is available through the "Update QA ePortfolio" tab on the left side of your online profile page and can also be accessed at www.cmrito.org under Resources in the Jurisprudence Course section. Once you have completed the jurisprudence course, upload a copy of the Certificate of Completion 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 relation to any profession, either in Ontario or in another jurisdiction?
3. Have you been the subject of a finding of professional misconduct, incompetency or incapacity in relation to any profession, either in Ontario or in another jurisdiction?
4. Are you the subject of a current proceeding involving an allegation of professional misconduct, incompetency or incapacity in relation to any 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 question 6, 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 for reinstatement 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, 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 your application for registration, you cannot change the information you have provided. You can access your completed application in the “**Applications**” section of your CMRITO Profile to view your application.

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

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 reinstatement.

- 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.

Click the "Submit Application" button to submit your application for reinstatement.

Confirmation of receipt of application

You will receive an email confirming receipt of your application for reinstatement. You will be able to check on the status of your application in the "**Applications**" section of the CMRITO online service.

The CMRITO will review your application and determine whether or not you meet all the requirements for reinstatement as set out in the registration regulation. The review process may take between one to seven business days to complete. 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 four to six months to complete.

You will receive emails from the CMRITO regarding your application.

Next steps

CMRITO will notify you by email if, and when, you can complete the registration process and pay your registration fee. When you log into the CMRITO Portal to finalize your registration you will also see a notification on the Profile page. When you complete the registration process, CMRITO will register you and your registration status will be updated 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 “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

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