

Registration Year:

NBAMRT
489, ave Acadie Ave
Suite 205/Unité 205
Dieppe, NB, E1A 1H7
Tel: 506-382-9673 Email: office@nbamrt.ca

Registration Form

Registration Number

www.nbamrt.ca

PERSONAL

See attached page for codes

Indicate changes in red.

Name: _____

1. Registration Status (code)

Street: _____

2. NBAMRT Membership Status (code)

City/Prov: _____

Postal Code: _____

HOURS AND CONTINUING EDUCATION (CE)

Regulation requirement: Number of Hours worked from Oct. 15, 2015 - Oct. 15, 2016

a. Number of hours must be specified for each discipline listed below and verified:

Radiological Technology (RTR) _____ hrs
Radiation Therapy (RTT) _____ hrs
Nuclear Medicine (RTNM) _____ hrs
Magnetic Resonance (RTMR) _____ hrs

Tel. _____

E-Mail Address: _____

3. Gender F M

4. Date of Birth
DD MM YYYY

5. I prefer material in English or French

6. I am able to provide services in the following language(s) (code)
 &

If 99, specify language _____

Verified by _____
Manager/ Supervisor

Please check the box to indicate you have completed 25 CE hours

b. Previous province/Territory/State/Country (if applicable)

/of Residence /of Employment /of Registration

7A. MRT Education ONLY						7B. Other Education ONLY (Completed only)				
Level	Subject (code)	Training Institute (code)	Certification Year	Province (code)	At/After Entry to Work Force	Level (code)	Discipline /Faculty (code)	Training Institute	Graduation Year	Province (code)
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> at entry <input type="checkbox"/> after entry	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
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8. Area of Education					
Certifications and Specializations				Areas of Experience	Areas of Special Interest
Area of Education	Hours	Province (code)	Year of Graduation /Completion		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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9. Total number of years employed in MRT

10. Total years employed in MRT in NB

11. If not employed in MRT, seeking employment? Yes No

Planning to stop working in 1-5 years

Planning to stop working in 6-10 years

Planning to stop working after 10 years

Not Applicable

12. I wish to resign or retire

13. Current Employment Situation

REMEMBER - A late fee of \$50.00 is applicable if you register after NOVEMBER 15th.

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14. EMPLOYMENT: PLEASE COMPLETE EMPLOYMENT PROFILE AS OF DATE OF REGISTRATION

EMPLOYMENT 1: A. Employed in MRT? Yes No B. Employment status (code) C. Commenced Employment
Year Month

D. Facility/Agency/Company _____

E. Street: _____ City/Town _____ Province Postal Code _____

Tel.: _____ Fax: _____

F. Role (code)	G. Service Location (code)	H. Language of Service (code)	I. Area(s) of Practice (code)	J. Average Hours/wk
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> If 99, specify: _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> and <input type="text"/> <input type="text"/> and <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
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EMPLOYMENT 2: A. Employed in MRT? Yes No B. Employment status (code) C. Commenced Employment
Year Month

D. Facility/Agency/Company _____

E. Street: _____ City/Town _____ Province Postal Code _____

Tel.: _____ Fax: _____

F. Role (code)	G. Service Location (code)	H. Language of Service (code)	I. Area(s) of Practice (code)	J. Average Hours/wk
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> If 99, specify: _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> and <input type="text"/> <input type="text"/> and <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
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Have you been convicted of an indictable offence in the previous year? Yes No If yes, please forward appropriate documentation.

By signing this registration form, I hereby agree to be bound to and comply with the terms of the MRT act, By-Laws and Rules of the New Brunswick Association of Medical Radiation Technologists.

Signature: _____ Dues Paid: _____ Date: _____
Payroll: Cheque:

I understand, by submitting my personal information, I am agreeing to register with my Health Regulatory Body, to which both the Association and the New Brunswick Department of Health will have access. I understand they will use this information only to provide me with pertinent information related to my profession.

Office Use Only: Date Received _____ Amount Received _____

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