



## FULL PRACTICE APPLICATION

### 1) ELIGIBILITY TO WORK IN CANADA

You are required to be a Canadian citizen **OR** a permanent resident **OR** authorized under the immigration and Refugee Protection Act (Canada), to engage in the practice of medical radiation technology.

▪ Are you a Canadian citizen?

If you are a Canadian citizen, attach a copy of your birth certificate or proof of Canadian citizenship.

YES

NO

▪ Are you a permanent resident of Canada?

If you are a permanent resident of Canada, attach a copy of your certificate of landing or permanent resident card.

YES

NO

▪ Are you authorized under the Immigration and Refugee Protection Act (Canada)?

If you are authorized to engage in the practice of the profession under the Immigration and Refugee Protection Act (Canada), attach a copy of your work permit.

YES

NO

Please ensure that you've included evidence of your above selection

### 2) PERSONAL INFORMATION

Registrants are required to ensure that the College has accurate and up-to-date employment information. Please review and update information as needed.

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Preferred: \_\_\_\_\_ Pronouns: \_\_\_\_\_ Sex:  M  F  X Other: \_\_\_\_\_

DOB(YYYY/MM/DD): \_\_\_\_\_ Languages: \_\_\_\_\_  Spoken  Written  Comprehensive

Street: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_

Primary No \_\_\_\_\_ Secondary No: \_\_\_\_\_ Email: \_\_\_\_\_

Please ensure that you've included evidence of government issued photo ID.

### 3) REGISTRATION

If you wish to apply for more than one specialty, you must complete a separate application for each.

Radiological Technologist

Radiation Therapy

Nuclear Medicine

Magnetic Resonance

Are you currently registered in another jurisdiction?

YES

NO

Please ensure that you've included a letter of professional standings.

If 'YES', which province:

\_\_\_\_\_

Please ensure that you've included the CFTA form.



#### 4) EDUCATION

A copy of your certificate, diploma, or degree is required, or a letter on letterhead from your educational institution confirming successful completion of the program.

Institution's Name: \_\_\_\_\_ Program Name: \_\_\_\_\_

Program Responsible Name: \_\_\_\_\_ Responsible No: \_\_\_\_\_ Email: \_\_\_\_\_

Certificate

Degree

Diploma

Date Started: \_\_\_\_\_ Date Completed: \_\_\_\_\_

A copy of your certificate, diploma, or degree is required. A letter from your educational institution confirming successful completion of the program will be accepted while waiting for the official documents

Please ensure that you've included a copy of certificate, degree, or diploma.

#### 5) REGISTRATION EXAMINATION

Did you successfully pass the registration examination for the specialty in which you are applying?  YES  NO

If 'YES', indicate the name of the exam provider and the date of successful results: \_\_\_\_\_

Please ensure that you've included a copy of the results.

#### 6) EMPLOYMENT INFORMATION & HISTORY

Registrants are required to ensure that the College has accurate and up-to-date employment information. Please review and update information as needed.

Have you secured employment in New Brunswick?

Employer: \_\_\_\_\_ Site: \_\_\_\_\_ Address: \_\_\_\_\_

Manager: \_\_\_\_\_ Manager No: \_\_\_\_\_ Email: \_\_\_\_\_

Full-Time

Part-Time

Casual

Locum:

Previous Employer

Employer: \_\_\_\_\_ Site: \_\_\_\_\_ Address: \_\_\_\_\_

Manager: \_\_\_\_\_ Manager No: \_\_\_\_\_ Email: \_\_\_\_\_

Clinical Practice

Minimum of 500 hours of practise within the preceding 5 years in the specialty(ies) in which you have obtained certification is required.

\*Please provide evidence of hours practised **per year** over the last 5 years **OR** the **total sum** of hours practised over the last 5 years.

#### 7) PROFESSIONAL LIABILITY INSURANCE

Registrants are required to have Professional Liability Insurance (PLI).

Name of Provider: \_\_\_\_\_ Policy No: \_\_\_\_\_ Coverage Amount \$: \_\_\_\_\_

Start Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_



### 8) DECLARATION OF CONDUCT

If you answer 'yes' to any of the following questions in this section, please attach all necessary documents.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| ▪ Have you been found guilty of a criminal offence or any offence related to the regulation of practice of the profession?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Are you the subject of a current investigation involving an allegation of professional misconduct, incompetency in New Brunswick in relation to another health profession, or in another jurisdiction in relation to the profession or another health profession? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Have you been the subject of a finding of professional misconduct, incompetency in relation to the profession or another health profession, either in New Brunswick or in another jurisdiction?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ 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 New Brunswick or in another jurisdiction?                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ▪ Has a finding of professional negligence or malpractice been made against you?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

*Please ensure that you've included a Criminal Record and Vulnerable Sector Check dated within the last three (3) months.*

### 9) CORRECT INFORMATION DECLARATION

I hereby declare that all the information provided to be accurate. I also declare that I have read, agree to be bound to and comply with the terms of the NBRCMRT Act, By-Laws, Standards of Practice and Code of Ethics of the New Brunswick Regulatory College of Medical Radiation Technologists.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### PAYMENT DETAILS

Non-Refundable fee of \$100.00

#### Payment Methods:

- **Cheque / Money Order** made payable and addressed NBRCMRT, 400-270 Douglas Avenue, Bathurst, NB E2A 1M9; or,
- **E-Transfer** to the NBRCMRT Treasurer [treasurer@nbamrt.ca](mailto:treasurer@nbamrt.ca)  
*Please include your name within the message section. If a security question is required, we ask that you use the answer: **YYYYNB** = Current year + NB*

*\*Dues will be invoiced once application is approved.*

#### APPLICATION CHECKLIST:

Please ensure following are submitted.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Proof of Citizenship             | <input type="checkbox"/> Proof of Education | <input type="checkbox"/> Proof of PLI                              |
| <input type="checkbox"/> Government Issued Photo ID       | <input type="checkbox"/> Proof of Results   | <input type="checkbox"/> Criminal Record & Vulnerable Sector Check |
| <input type="checkbox"/> Letter of professional standings | <input type="checkbox"/> Proof of Practice  | <input type="checkbox"/> Non-Refundable Fee                        |
| <input type="checkbox"/> CFTA form                        |   |  |

Submit your application by email to: [registrar@nbamrt.ca](mailto:registrar@nbamrt.ca) or [office@nbamrt.ca](mailto:office@nbamrt.ca)