



Good Character/Criminal Verification Self-Declaration Form

It is required for all applying for a certificate of registration/licensure with the New Brunswick Regulatory College of Medical Radiation Technologists (NBRCMRT) to provide evidence of good character by submitting a criminal record and vulnerable sector verifications dated within three (3) months of submitting the application for registration. It is our understanding that this may be challenging to obtain at the moment due to external factors. Given this, a certificate of registration/licensure may be granted by fulfilling all requirements as identified within the application form and by completing this self-declaration form.

NBAMRT #:	Preferred Language:	Sex: <input type="checkbox"/> M / <input type="checkbox"/> F / <input type="checkbox"/> X Other:
Name:	Preferred Name:	Pronouns:
Mailing Address:		
Contact Number:		
Name of Employer:	Employment Location:	
Supervisor Name:	Supervisor Contact Number:	
YES	NO	Declaration of Conduct
<input type="checkbox"/>	<input type="checkbox"/>	Have you been found guilty of a criminal offence or any offence related to the regulation of practice of the profession?
<input type="checkbox"/>	<input type="checkbox"/>	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"/>	<input type="checkbox"/>	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"/>	<input type="checkbox"/>	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"/>	<input type="checkbox"/>	Has a finding of professional negligence or malpractice been made against you?
<input type="checkbox"/>	<input type="checkbox"/>	If you have answered yes to any of the above questions, please enclose all relevant documentation.
A Certified Criminal Record Verification <u>must</u> be provided to the NBRCMRT as soon as possible, not to exceed four (4) weeks of the date in which a certificate of registration/licensure has been obtained		
I declare, by signing this form, the above information to be true and the required documentation to be submitted within the time specified as indicated.		
Signature		Date: