



**New Brunswick Association of Medical Radiation Technologists**  
**Association des technologues en radiation médicale du Nouveau Brunswick**  
 205 - 489, avenue Acadie Avenue, Dieppe NB E1A 1H7

**TEMPORARY EMERGENCY REGISTRATION APPLICATION FORM**

<b>NBAMRT #:</b>	<b>PREFERRED LANGUAGE:</b>	<b>SEX:</b> <input type="checkbox"/> M / <input type="checkbox"/> F / <input type="checkbox"/> X	
<b>NAME:</b>	<b>PREFERRED NAME:</b>	<b>OTHER:</b>	
<b>ADDRESS:</b>			
<b>Telephone: Home:</b> _____ <b>Cell:</b> _____ <b>Work:</b> _____			
<b>Email:</b> _____ <b>Other email:</b> _____			
<b>Date of Birth</b> Year/ _____ Month/ _____ Day/ _____			
<b>Anticipated Start Date:</b> _____			
<input type="checkbox"/> Radiological Technologist	<input type="checkbox"/> Radiation Therapy	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Magnetic Resonance
<b>EMPLOYMENT INFORMATION (past 5 years)</b>			
Dates (from-to)	Institution	City	Mgr/Chief
<b>REQUIREMENTS &amp; CHECKLIST:</b>			
<b>Retired NBAMRT Registrants</b>	<b>Non-practice Registrants of the NBAMRT</b>	<b>New Applicants (transfer from regulated province/territory):</b>	<b>New Applicants (transfer from unregulated province/territory):</b>
Completed Temporary Emergency Registration application form;  Evidence of minimum required hours of practice during the preceding five (5) years of practice; and  Self-declaration form	Completed Temporary Emergency Registration application form; and  Evidence of minimum required hours of practice during the preceding five (5) years of practice.	Completed Temporary Emergency Registration application form; and  Request of Certificate-to-Certificate Recognition under the Canadian Free Trade Agreement (CFTA)	Completed Temporary Emergency Registration application form;  Evidence of minimum required hours of practice during the preceding five (5) years of practice;  Evidence of citizenship;  Evidence of education/certification; and  Self-declaration form

Due to the novel COVID-19 pandemic, applications must be submitted by email to the Registrar, [registrar@nbamrt.ca](mailto:registrar@nbamrt.ca). Should you require an alternative method, please contact the Registrar by phone: (506) 544-5566.

If approved, you may be granted with temporary emergency registration for a term of six (6) weeks. This term may be considered for extension by request to the registrar. All fees will be waived for those granted temporary registration for the term provided.