

Application for Membership



NBAMRT/ATRMNB

489, ave Acadie Ave,
Suite/unité 205,
Dieppe, NB E1A 1H7
Tel: 506-382-9673

(Office use only)

Date of registration

1) PERSONAL INFORMATION

Complete this section as directed. If the name on any of your documents is different from your current name, attach proof of name change.

Surname

Given name

Previous surname(s) if applicable

Date of Birth: month/day/year

M

F

Home address

City

Province

Postal code

Telephone (include area code)

E-mail

Name to appear on Certificate of Registration

Are you currently a member of The Canadian Association of Medical Radiation Technologists (CAMRT)?

If so please state your registration number # _____

2) MEMBERSHIP Full Practice Temporary Practice Non Practice

If you are applying for temporary practice memberships this section is not applicable.

Did you successfully complete the examination of the Canadian Association of Medical Radiation Technologists (CAMRT) in your specialty?

Yes No

If 'yes', provide the date the examination was completed: _____

If 'yes', attach a letter or transcript from CAMRT confirming the successful completion of the examination in your specialty of medical radiation technology.

3) DISCIPLINE

Radiography Nuclear Medicine Radiation Therapy Magnetic Resonance

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

4) APPROVED EDUCATIONAL PROGRAM IN MEDICAL RADIATION TECHNOLOGY

You must provide evidence of having successfully completed an educational program in your specialty of medical radiation technology (for the specialties of Radiological technology, Nuclear medicine, Radiation therapy, and Magnetic resonance).

Institution's name and name of program

Address of Institution

Date started

Date completed

- Attach a notarized copy of your certificate, diploma or degree, or provide an original letter from your educational institution confirming successful completion of the program.

5) *If you are applying for temporary practice memberships this section is not applicable.*

PROOF OF PRACTICE

- A confirmation of 500 hours of practice in the discipline of certification within the last 5 years is needed. A letter confirming this is required from a previous employer, or a copy of termination slip with total work hours accumulated.

6) Declaration of Conduct

- a) Have you been found guilty of a criminal offence or any offence related to the regulation of practice of the profession? Yes No
- b) 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? Yes No
- c) 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? Yes No
- d) 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? Yes No
- e) Has a finding of professional negligence or malpractice been made against you? Yes No

*If you have answered **yes** to any of the above questions, please attach all necessary documents.*

- All applicants must provide a Certified Criminal Record Check and Vulnerable Sector check, which must be not more than 3 months old.

7) CITIZENSHIP

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 technology.

- a. Are you a Canadian citizen? Yes No
If you are a Canadian citizen, attach a copy of your birth certificate or proof of Canadian citizenship
- b. Are you a permanent resident of Canada? Yes No
If you are a permanent resident of Canada, attach a copy of your certificate of landing or permanent resident card.
- c. Are you authorized under the Immigration and Refugee Protection Act (Canada) to engage in the practice of the profession? Yes No
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.
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Applicant's signature

Date

Administrative use only

- | | |
|--|-------|
| <input type="checkbox"/> Criminal Record Check | Date: |
| <input type="checkbox"/> Payment | Date: |
| <input type="checkbox"/> Proof of education | Date: |
| <input type="checkbox"/> Proof of sitting | Date: |
| <input type="checkbox"/> Proof of citizenship | Date: |
| <input type="checkbox"/> Proof of practice | Date: |
| <input type="checkbox"/> Proof of results | Date: |

Approved candidate / Candidat accepté yes / oui no / non

Registrar / Registraire _____

Date _____

Member Registration number / Numéro de membre _____