



Medical Radiation Technologist Application for Initial Registration

Submission Information

Applications to be submitted by email to registration@nlchp.ca

How to email your initial application package:

- Only eligible PDF scanned documentation will be accepted
- Only one email with all attachments should be submitted
- Put your name (first and last) and Initial Application in the subject line of the email before sending
- Retain a copy of the original email for your record in the event it is requested to be submitted again
- When you receive a return email from the registration@nlchp.ca account, this is confirmation that your application has been received by the NLCHP
- Only the most current initial application form from the NLCHP website is accepted for email submission



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1. Personal Information

Surname	Given Name (s)	Maiden and /or Other
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Mailing Address	Postal Code
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Telephone (H)	Telephone (B)	E-mail
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Date of Birth (dd/mm/year)	Gender (M - F - Other)
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Document Required: Please attach copy of government issued photo identification (driver's license or passport).

2. Application Additional Details

- Are you a Canadian citizen? Yes No
- Was your training as a health professional in English? Yes No

3. Registration Category

Please select the registration category for which you are applying:

- General Status:** You have successfully completed a medical radiation technology program approved by the college in each discipline for which you are applying and must have successfully completed the registration exam approved by the college for each discipline for which you are applying.
- General Temporary Status:** You have successfully completed a medical radiation technology program approved by the college in each discipline for which you are applying and have written the registration exam approved by the college for each discipline for which you are applying and have not yet received your results **or** you are currently registered to write the registration exam in each discipline for which you are applying.



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Non-Practicing Status: The NLCHP non-practicing status registration category is used for periods of leave from practice (i.e., extended sick leave, maternity leave) and the Registrant is not practicing in the following four domains/practice settings: Direct clinical, education, research, and administration. A non - practicing status registration category requires the Registrant to meet the criteria for general status registration category, except for professional liability insurance (PLI) which is not required.

Please select the discipline (s) – practice area for which you are applying:

- Radiological Technology
- Radiation Therapy
- Nuclear Medicine Technology
- Magnetic Resonance Technology

Please Note: Application and all documents to be submitted via e-mail to: registration@nlchp.ca .

4. Employment

Are you currently employed in the profession for which you are applying? Yes No

List current employment (if applicable). Attach separate sheet if needed.

Employer: _____

Address: _____

Phone Number: _____

Employment Date: _____
(Year/Month/Day)

Second Employer: _____

Address: _____

Phone Number: _____



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Employment Date: _____
(Year/Month/Day)

OR

Independent
/Self Employed: _____

Address: _____

Phone Number: _____

Employment Date: _____
(Year/Month/Day)

5. Consent to Release of Information

It may be necessary for the Newfoundland and Labrador Council of Health Professionals (NLCHP) to contact your employer, educational institution, regulatory body in another jurisdiction in which you are (or were) registered or other individual, company or institution, in order to confirm, clarify the information you have provided in your registration application or obtain other information that may be necessary to process and/or assess your registration application.

By continuing with this application, you provide consent to the Newfoundland and Labrador Council of Health Professionals (NLCHP) to contact any individual, company, or institution to access and/or obtain any personal information about you that the NLCHP may require to process or assess your registration application. By continuing with this application, you also provide consent to any individual, company, or institution to release your personal information to the NLCHP in response to a request for information from the NLCHP.

Finally, by continuing with this application you understand a person who is registered with NLCHP shall be a member of a College and, as such, you understand the NLCHP will share your name, email address and mailing address with your College in accordance with the Health Professions Act (2010) Section 28 (4).

Are you willing to release your name, address and/or e-mail to institutions conducting research?

Yes No



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6. Professional Liability Insurance

The Health Professions Act requires all health professionals registered under the Act to maintain a professional liability insurance policy. Registrants must maintain professional liability of \$5,000,000 for the full registration year. If the policy expires prior to the end of the registration year, the registrant must provide a current certificate of PLI prior to expiration of policy.

If registering as non-practicing, this information is not required.

Document Required: Please attach professional liability insurance certificate to this application.

Your Insurer: _____

Policy Number (if applicable): _____

Policy Expiry Date: _____

7. Online PHIA

Individuals applying for initial registration are required to complete two online education modules within 90 days of application to the NLCHP. Education modules are listed below with access information:

(a) Custodian-Direct Contact with Personal Health Information and

(b) Direct Contact with Personal Health Information available
on <http://nlchi.skillbuilder.ca/home>

Document Required: Please attach course completion certificate (s) to this application.



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8. Educational Information

Please add your completed education program(s) for each discipline in which you are applying.

Name of Institution: _____

Level of Education: _____

Program Name: _____

Graduation Date: _____

Name of Institution: _____

Level of Education: _____

Program Name: _____

Graduation Date: _____

Name of Institution: _____

Level of Education: _____

Program Name: _____

Graduation Date: _____

Document Required: I understand I am responsible for contacting the education institution to forward transcripts directly to NLCHP and my application will not be processed until this documentation is received.



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9. Examinations

Please provide information regarding the national exam(s) for each discipline in which you are applying.

Document Required: Please attach proof of successful completion of the exam(s) to this application.

Examination Name:	Examination Date:	Passed:
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Practice Hours

Have you graduated in the last year?

Yes No

Have you graduated in the last 4 years?

Yes No

Each Health Profession Regulations designated under the Health Professions Act (2010) mandate standard minimum work hours to maintain registration. Section 5 of the Act requires members to be employed for a number of hours in practice over four (4) consecutive calendar years (January 1 to December 31) immediately preceding registration. **Please submit a letter from each employer confirming your work hours.**

- If you are applying for registration in 1 discipline, you are required to have at least 1000 hours of medical radiation technology practice in that discipline.
- If you are applying for registration in 2 disciplines, you are required to have at least 1000 hours of medical radiation technology practice with at least 400 hours in each of the disciplines for which you are applying.
- If you are applying for registration in 3 or 4 disciplines, you are required to have at least 400 hours in each of the disciplines for which you are applying.



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11. Other Registration(s)

Are you currently registered or licensed to practice the profession in which you are applying in another jurisdiction?

Yes No

Have you ever been registered or licensed to practice the profession in which you are applying in another jurisdiction?

Yes No

Jurisdiction: _____

Regulatory Authority: _____

Registration Number: _____

Registration Date: _____

Expiration Date: _____

Jurisdiction: _____

Regulatory Authority: _____

Registration Number: _____

Registration Date: _____

Expiration Date: _____

I understand, if I am currently or have been registered/licensed to practice as a Medical Radiation Technologist in another jurisdiction(s) a letter(s) of good standing is required and that my application will not be processed until the letter is received. I will contact the regulatory body and arrange for the letter(s) to be sent directly to the:



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NLCHP Registrar
Newfoundland and Labrador Council of Health Professionals,
38 Duffy Place, Suite 1, St. John's, NL, A1B 4M5

or via email at registration@nlchp.ca.

12. Certificate of Conduct

You are required to provide a copy of a Certificate of Conduct/Criminal Record Check and Vulnerable Sector Check dated within 6 months of submission of your application. Please **attach a copy of each document and send the original documents to the NLCHP:**

NLCHP Registrar
Newfoundland and Labrador Council of Health Professionals,
38 Duffy Place, Suite 1, St. John's, NL, A1B 4M5

Please note your application will not be processed until the original documents are received.

13. Declarations

- Have you been found guilty of an offence under the Criminal Code (Canada), the Controlled Drugs and Substances Act (Canada) or similar penal statute in another jurisdiction (Province/Territory/Country) for which you have not received a pardon?

Yes No

- Are you currently, or have you ever been, registered or licensed to practice your health profession in another jurisdiction?

Yes No

- Have you been denied registration in another jurisdiction (Province/Territory/Country) within the last five years?

Yes No



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- Is your registration/license to practice under review/investigation, suspended or revoked; or are there any disciplinary procedures commenced, in process or pending, in another jurisdiction (Province/Territory/Country)?

Yes No

- Do you have any physical or mental conditions or disorders that may or currently does impair your ability to practice your profession safely and competently?

Yes No

14. Applicant's/Registrant Pledge:

I hereby apply for a practicing license and declare that the information entered is true and correct.

I will continue to adhere to Standards of Practice and the Code of Ethics as established by my College.

I understand that the NLCHP collects, uses and shares personal information of members (including home address and email address) to carry out its mandate under the *Health Professions Act (2010)* to protect the public, for professional regulation, statistical purposes, to provide information to members such as notifications of new regulatory or health initiatives and such other regulatory information the NLCHP determines pertinent to members.

I understand I may contact the NLCHP at any time to determine the use of information I provide to the NLCHP.

I consent for the NLCHP to obtain confirmation or verification of the documentation or information submitted as part of this application.

I understand it is a condition of a license issued under my health profession Regulations, that a registered health professional shall notify the NLCHP of a change in his or her mailing address or employer information; I will also inform the NLCHP of a change in email or in name. NLCHP requires notification within 30 days of a change.

I, _____ declare that I have read and agree with each of the declaration statements listed above.



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Application Fee Payment

Once your application is complete, and all necessary documents have been submitted, you will be contacted to complete payment through our registration management system. Once payment is completed, your application will be processed.

You will be notified once your application is approved. You cannot commence employment or attend orientation until your registration has been approved. Once registered, your name will be added to a list of registered health professionals on the NLCHP's website. Please check this list to confirm your registration.

Fees	Amount
General Status	
MRT – Application – Initial Processing Fee	\$125
NLCHP Registration Fee (General Status)	\$475
NLCMRT Registration Fee (General Status)	\$60
Non-Practicing Status	
MRT – Application – Initial Processing Fee	\$125
NLCHP Registration Fee (Non – Practicing)	\$150
NLCMRT Registration Fee (Non – Practicing)	\$25

Acknowledgement and Undertaking of Supervision

To be completed in full and signed by registrant, supervisor, and employer.

Please scan and email: administration@nlchp.ca

Registrant Name: _____

Employer and Work Site: _____

To fulfill the specific requirements for registration with NLCHP, this individual is required to work under the indirect supervision of a supervisor registered in the same discipline.

Indirect supervision is defined as being supervised by a supervisor who must be within the same facility and accessible via phone or other communication methods to provide timely support when needed.

Acknowledgement and Undertaking of Supervision

As a supervisor, I agree that the registrant named above will always work under the supervision requirements identified.

Supervisor's Name: _____ Signature: _____

As the employer, I agree that the registrant named above will always work under the supervision requirements identified.

Employer's Name: _____ Signature: _____

Acknowledgement of Registrant

I have read and understand the limitations and conditions applied to my practice. If I do not meet these conditions, I am aware that my registration may be revoked

Registrant Name: _____ Signature: _____