



Application for Membership with the NSAMRT

I _____, RTR, ACR, RTT, ACT, RTNM, ACNM, RTMR wish to register for membership with the NSAMRT.

I am currently a member with;

___ Another Canadian province _____ (if so, please have your current province of registration send the proper transfer documentation.)

___ NSAMRT student member

___ Student member with another province in Canada _____ (if so, please have your current province of registration send the proper transfer documentation)

___ Non-provincial member of CAMRT. (If so, please have CAMRT send the proper transfer documentation.)

___ Another country, _____. Please be advised that if you are currently qualified as an MRT in another country you must successfully pass the CAMRT examination to be eligible to work in Canada. If you have not written your CAMRT examination please contact the CAMRT or look for further information at www.camrt.ca under *certification*.

I understand that “For the safety of the public and to preserve the professional integrity of our profession, it is required by law to register with the CAMRT and the NSAMRT in order to practice as a Medical Radiation Technologist in the province of Nova Scotia.” This is enforced under the Medical Radiation Technologists Act cited as R.S.N.S., 1967, Chapter 180, Letters Patent By-Laws.

I furthermore understand that before I commence work I must be registered with the NSAMRT and it is my responsibility to contact the registrar with an application form, available at www.nsamrt.ca, six weeks or as soon as possible before my scheduled start of work so my registration may be processed and I can have my dues up to date upon my start of work.

Please provide the following information;

CAMRT # _____

Date employment to commence: _____

Place of employment: _____

DOB: _____

Male Female

Full name; (include middle name) _____

Address: _____

Phone Number: _____

E-mail address: _____

Upon registration with the NSAMRT you will receive an e-mail requesting you go online to fill out CIHI data. This registration is a required portion of your registration and you are asked to keep it up to date as your position and education changes throughout your profession. This data assists us in obtaining pertinent statistics referring to education and availability of staff and helps your professional organizations and government project staffing needs and supply training and education as required.

Signed and dated in _____ this _____ day of _____ 20__

Signature: _____

Print name: _____

Please send completed form to NSAMRT Registrar, 3205 Mayfield Ave., Halifax, NS B3L-4B4 or a scanned copy to paul.a.hodson@cdha.nshealth.ca Phone 1-866-788-6525 or local 902-464-6525