

APPLICATION FOR REINSTATEMENT



Please Submit Completed Form to:

Nova Scotia Association of Medical Radiation Technologists
 P.O. Box 9410, Station A Halifax, NS B3K 5S3
 Fax: 902-425-2441 Email: info@nsamrt.ca

Name: Mr./Mrs./Ms./Miss (Surname, Given)	Former Name/Nee:	NSAMRT#
Address:	City & Postal Code:	
Telephone: Home _____	Email _____	
Work _____	Email _____	
Date of Birth: Year/ _____ Month/ _____ Day/ _____		
Radiological Technology <input type="checkbox"/>	Radiation Therapy <input type="checkbox"/>	Nuclear Medicine <input type="checkbox"/> Magnetic Resonance <input type="checkbox"/>

Employment Information (past 5 years)

Please include "PROOF OF COMPETENCY" if Non-Registrant status is more than Five (5) years

Dates (from-to)	Institution	City	Mgr/Chief

Any current disciplinary action against you? Yes No

Any complaint of Professional Misconduct against you? Yes No

* If yes to either of these questions, please attach proper documentation

If you are returning from a recent resignation, please select original reason:

Maternity <input type="checkbox"/>	Medical <input type="checkbox"/>	Retirement <input type="checkbox"/>	Unemployment <input type="checkbox"/>	Other _____
------------------------------------	----------------------------------	-------------------------------------	---------------------------------------	-------------

Date Resigned _____

I understand that before my application can be processed I must also complete the online registration and pay the annual (prorated) membership dues. <http://www.nsamrt.ca/executive/executive/index5.php>
 I also understand that I cannot return to work without confirmation from NSAMRT of approved registration

Date _____ Signature _____

NSAMRT Use Only

Last Paid Dues	Resigned	Lapsed
Date Rec'd from Applicant:	Date Payment Rec'd:	Date Sent to CAMRT:

We hereby verify that this applicant HAS fulfilled the requirements for reinstatement and the NSAMRT does recommend them for reinstatement

Date: _____ Signature _____

CAMRT Use Only

Date Received: _____ Date Approved: _____ Initial: _____



Nova Scotia Association of Medical Radiation Technologists

www.nsamrt.ca

Dear Applicant,

All applicants to the NSAMRT (new and returning) are required to submit the following documentation:

- Proof of:
 - Canadian MRT certification
 - post-secondary MRT Diploma/Degree
 - other education/credentials required for your individual scope of practice (i.e. MRI, CT, Mammo, U/S)
- One piece of government issued photo ID

In order to ensure a comprehensive Registrant File, please submit proof of any additional certification(s), skills or education.

Information must be complete and verifiable. Please submit documentation to the NSAMRT via mail, email or fax.

Registrants are expected to keep their file current while registered with the NSAMRT.

Regards,

Chrissy Gamache
Registrar