



## Application for Resignation

I \_\_\_\_\_, RTR, ACR, RTT, ACT, RTNM, ACNM, RTMR wish to resign in good standing from the NSAMRT for the purpose of;

\_\_\_ Retirement

\_\_\_ Maternity leave

\_\_\_ Medical leave

\_\_\_ Unemployed

\_\_\_ Other \_\_\_\_\_

I understand I can apply to be reinstatement within five years of this date and not have to pay any reinstatement fees. I also understand that I am not covered by liability insurance offered to NSAMRT members through joint membership with the CAMRT.

I also 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 return to work, I must be reinstated with the NSAMRT and it is my responsibility to contact the registrar with a reinstatement form, available at [www.nsamrt.ca](http://www.nsamrt.ca), six weeks or as soon as possible before my scheduled return to work so my reinstatement may be processed and I can have my dues up to date upon my return to work.

Signed and dated in \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Signature \_\_\_\_\_

Print name \_\_\_\_\_

Witness \_\_\_\_\_

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](mailto:paul.a.hodson@cdha.nshealth.ca) Phone 1-866-788-6525 or local 902-464-6525