



Mission Statement

The Saskatchewan Association of Medical Radiation Technologists exist to protect the public through regulation of medical radiation technology in the province of Saskatchewan.

Email the completed form to: debbieschatz@samrt.org

Emergency Registration for the COVID-19 Pandemic

Section 1: Applicant Information		
Legal last name	Legal given names(s)	Previous last name (if applicable)
Telephone	Date of Birth DD MM YYYY	Practice name (If different from legal name)
Home address	City/Province/Country	Postal Code
Home contact information in Saskatchewan (if different than shown above):		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Email Address:	
Section 2: Eligibility		
a) Indicate your specialty: <input type="checkbox"/> Radiological <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Nuclear Medicine <input type="checkbox"/> Magnetic Resonance The purpose of the registration request is <i>limited to emergency registration during the novel coronavirus (COVID-19) pandemic</i> , please choose the situation that best applies to you: <input type="checkbox"/> MRTs who were regulated through the SAMRT from 2015 to 2020 <input type="checkbox"/> MRTs who are currently practicing outside Saskatchewan in Canada		
Section 3: Former Employer	If you have a job offer, please indicate:	
Business name:	Anticipated Place of Employment:	
Business address:		
Business phone number:		
Supervisor's name:	Anticipated Start Date:	
Supervisor's phone number:	DD MM YYYY	

Note: This registration is valid for 90 days from date of issue and will be renewed as needed.

Section 4: Education Program and Certification

Name, address and postal code of institution:		Educational program name: <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other
Program start date: DD MM YYYY	Program completion date: DD MM YYYY	Language of instruction:
Certification or credential		Issuing authority <input type="checkbox"/> CAMRT <input type="checkbox"/> OTIMROEPMQ
Date: DD MM YYYY		

Section 5: Registration Requirements and Declaration of Conduct (please check yes or no)

The Association has a number of requirements for registration that relate to the past and present conduct of the applicant.

One of these requirements is that the applicant's past and present conduct must afford reasonable grounds for the belief that the applicant:

- i. will practice with decency, honesty and integrity, and in accordance with the law,
- ii. does not have any quality or characteristic, including physical or mental condition or disorder that could affect your ability to practice medical radiation technology in a safe manner, and
- iii. will display an appropriately professional attitude.

If you answer yes to any of the questions in this section except question 1, you must provide a detailed explanation on a separate piece of paper and include copies of all relevant documents in your possession. If you answer no to any of the questions 2-6 at the time of application, but the circumstances change before you are issued a certificate of registration, you must immediately inform the Registrar of the change of circumstances.

* Mandatory fields	Yes	No
1. Have you been found guilty of a criminal offence or of any offence related to the regulation of the practice of the profession? *		
2. Are you the subject of a current investigation involving an allegation of professional misconduct, incompetency or incapacity in Saskatchewan in relation to another health profession or in another jurisdiction in relation to the profession or another health profession? *		
3. Have you been a subject of a finding of professional misconduct, incompetence or incapacity in relation to the profession or another health profession either in Saskatchewan or in another jurisdiction? *		
4. 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 Saskatchewan or in another jurisdiction? *		
5. Do you have any quality or characteristic, including any physical or mental condition or disorder that could affect your ability to practice medical radiation technology in a safe manner? *		
6. Is there any event, circumstance, condition or matter not disclosed in your answers to the preceding questions in respect of your character, conduct, competence, or capacity that is relevant to the requirement set out above regarding your past and present conduct (refer to paragraphs i, ii and iii above)? *		

Section 6: Good Character and Reputation Reference	Yes	No
Are you currently a member of another provincial body or professional college or association?		
If yes, please list them here: _____		
If you are coming from Alberta, Ontario, Quebec, New Brunswick or Nova Scotia please request a "CTFA professional standing certificate" be provided to SAMRT.		

Section 7: Professional Liability Insurance

I understand that association regulations stipulate that all practitioners must hold professional liability insurance (PLI) in the minimum amount of \$5,000,000 per occurrence.

***Please note that CAMRT will waive the membership fee and cover the cost of PLI for emergency licenses in SK, however you must apply with the CAMRT to obtain the coverage.**

Section 8: SAMRT Declaration (check to denote agreement)

I certify that I am of good character and will practice the profession of medical radiation technology with decency, honesty and integrity and that I have no personality or character trait or disability that could affect my ability to practice safely.

I declare that all statements contained in this application are accurate. I acknowledge and understand that a false or misleading statement, omission or misrepresentation may be cause for cancellation of my practice permit and registration.

I undertake to adhere to The Medical Radiation Technologists Act, 2006 and the Bylaws of the Saskatchewan Association of Medical Radiation Technologists.

I agree to notify the College within 30 days of any change to the information reported by me in this application.

I understand that the application for registration in the courtesy register is valid for 90 days.

I hereby grant permission to the release of any membership information as approved by the SAMRT Council to verify the statements made and information provided by me.

I agree the SAMRT can share my contact information with the Ministry of Health, the Saskatchewan Health Authority and its affiliates for employment consideration.

Applicant's signature _____ **Date (DD/MM/YYYY)** _____

After your application for registration is received by SAMRT:

- SAMRT will process your application for registration as soon as possible within two days of receiving the completed application form and all required documentation.
- SAMRT will send you an email to confirm your registration and instructions on accessing your new permit through the College website.

Email the completed form to: debbieschatz@samrt.org