



**Saskatchewan**  
Association of Medical Radiation Technologists

## VERIFICATION OF HOURS

(Must be completed and signed by the department Manager)

I, \_\_\_\_\_ (name of Manager) declare that  
\_\_\_\_\_ (name of employee) has worked a  
minimum of 1200 practice hours in \_\_\_\_\_ (primary discipline) and a  
minimum of 300 practice hours in \_\_\_\_\_ (\*secondary discipline) in the last 5  
years.

\*Only applicable to MRT's who are licensed in more than one discipline

Signature of Manager \_\_\_\_\_

Position of Manager \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_