

Acknowledgement and Undertaking of Supervision

To be completed in full before commencement of employment and signed by International Applicant licence holder and Supervisor/Manager. Please scan and email to info@nscmirtp.ca.

International Applicant Restricted License Holder

First Name: _____ Last Name: _____

Employer and Work Site: _____

In order to fulfill the specific requirements for International Applicant Temporary Licensing with the Nova Scotia College of Medical Imaging and Radiation Therapy Professionals (NSCMIRTP), an individual conditionally licensed under this provision will require direct supervision of practice at all times by a licensed MIRTP of the same discipline who is in good standing with the College. Protected titles cannot be used. Direct supervision is defined as the supervising technologist/therapist always in the room with the candidate at all times, and all decisions or procedures/tasks performed must be done through direct supervision.

I agree that the person named above will at all times work under the direct supervision of an active licensed individual in the same discipline and that the designated individual will be aware of the restrictions.

Please note, pursuant to section 24(d) of the NSCMIRTP Act, a temporary license (international applicant) with NSCMIRTP expires effective the date that the license holder **fails** to pass the relevant registration examination. If this occurs, the individual is no longer licensed to practice in any capacity as a MIRTP in Nova Scotia until such time that they have passed the national entry to practice exam, or an extension of temporary licensing has been granted.

Manager Name: _____

Signature: _____ Signature Date: _____

Acknowledgement of International Applicant Restricted License Holder

I have read and understand the limitations and conditions applied to my practice as an MIRTP. If I do not abide by these conditions, my license may be revoked and can negatively impact my ability to gain a license in the future.

Restricted License Holder Name: _____

Signature: _____ Signature Date: _____