



REFRESHER PROGRAM APPLICATION



START DATE AND PERSONAL DETAILS

Start Date

When do you wish to start? _____

What refresher program are you selecting?

- Nuclear Medicine
- Radiological Technology

Indicate all components you intend to complete

- Academic Component
- Challenge Exam
- Clinical Component

Professional Information

CAMRT Certification number _____

Personal Liability Insurance _____

Intended Province for re-entry into workforce _____

Proposed Clinical Site _____

**Additional Cost: postage for shipping outside of Canada*

CONTACT INFORMATION

Full Legal Name

Include your full legal name, as it appears on your official identification documents, for example birth certificate or passport.

Last Name (Surname)	First Name	Middle Name
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Street Address/PO Box/Rural Route#

City	Province	Postal Code
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Telephone

Cell Phone

E-mail

EMPLOYMENT HISTORY

List the hospitals and clinics where you were employed. In the case of being certified in more than one discipline list the places where you have worked in the discipline you are seeking recertification for.

Institution	Province (Country if outside Canada)	From	To	Contact Name & Information

Declaration (Required)

I hereby certify that all of the information provided in this application is complete and correct, and I authorize NSCMIRTP to verify any information provided as part of this application. I understand that withholding information or falsifying information in this application or supporting documents may be considered grounds for non-admission, or after admission grounds for dismissal. I agree that details concerning my application or any falsification of information may be provided to other Institutions in Canada.

SIGNATURE

DATE