

REFRESHER PROGRAM APPLICATION

Start Date & Personal Details

Start Date

When do you wish to start? _____

What exam prep program are you selecting?

- Nuclear Medicine
- Radiological Technology
- Diagnostic Medical Sonography
- Magnetic Resonance Imaging

Indicate all components you intend to complete

- Academic Component
- Challenge Exam
- Clinical Component

Professional Information

Intended Province for re-entry into workforce _____

Proposed Clinical Site _____

Education Status

- Canadian Education Candidate
- International Educated Candidate

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

Street Address/PO Box/Rural Route#

City Province Postal Code

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

Refresher Program Fees

Service	Fee
Administration	\$100
Exam Challenge (one time)	\$250
Academic Component (incl. initial exam write)	\$350
Clinical Component (incl. 420 hrs clinical)	\$350
Exam re-write	\$175
Additional Clinical (210 hrs one time)	\$175

