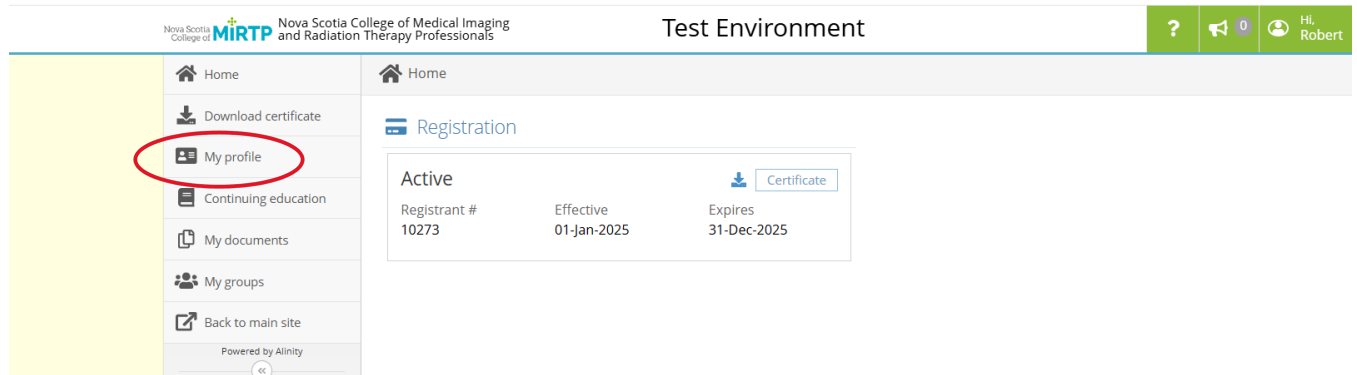
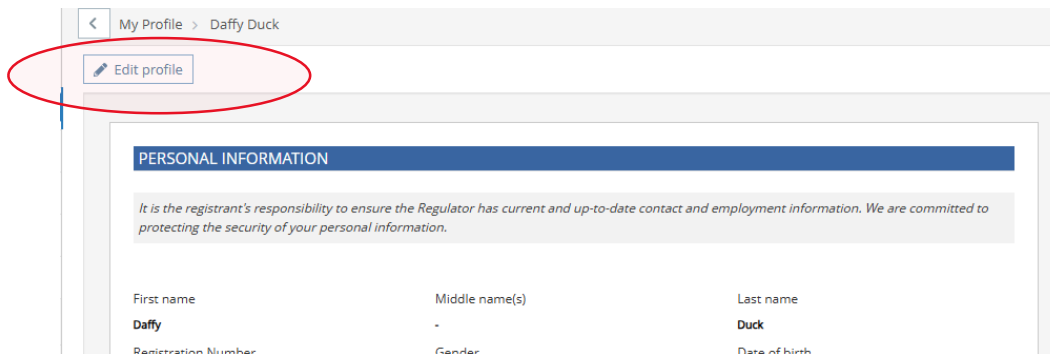


Sample Screen Shots – Alinity Profile Update NSCMIRTP

The first screen you will see upon logging into Alinity:



Click on 'My Profile' and then the 'Edit Profile' box to view and update your profile information.



Once you open your profile for editing, all fields with * are mandatory.

PERSONAL INFORMATION

It is the registrant's responsibility to ensure the Regulator has current and up-to-date contact and employment information. We are committed to protecting the security of your personal information.

First name	Middle name(s)	Last name ?
Daffy	-	Duck
Registration Number	Gender	Date of birth
11414	Male	1990-01-01

* Do you have a preferred name that is different from your first name?

☐ Yes ☒ No

Add Click to request a change to your legal name

Complete the citizenship and disclosure information.

Citizenship

* Select your current citizenship status

Canadian Citizen

Disclosure

NSCMIRTP is committed to advancing equity, diversity, and inclusion in Nova Scotia. To support this work, we are inviting registrants to voluntarily self-identify their racial background and/or Indigenous identity. The information you provide will be **used in aggregate, de-identified form** to:

- Understand the composition of the medical imaging and radiation therapy workforce in Nova Scotia.
- Identify and address potential inequities within the medical imaging and radiation therapy professionals
- Inform policy, planning, and equity initiatives at the provincial and national levels.
- NSCMIRTP **will not use this information** for any purpose related to individual registration, licensing decisions, or disciplinary processes.
- Your information **will not be shared in identifiable form** with any third parties.

* Racialized Group

- ☐ Black
- ☐ East Asian
- ☐ Indigenous
- ☐ Latin American
- ☐ Middle Eastern
- ☐ South Asian
- ☐ Southeast Asian
- ☐ White
- ☐ Other
- ☐ Do not know
- ☐ Prefer not to answer

* Indigenous Identity

- ☐ Do not know
- ☐ First Nations
- ☐ Inuk/Inuit
- ☐ Métis
- ☐ Not applicable
- ☐ Prefer not to answer

Verify your address. Click on 'Add' if you need to make a change.

Current Address

Please review your current address information, if needed you may request an address change

Apartment / Box no. / Address or Street no. ?

123 Main St

-

-

City

Truro, Nova Scotia, Canada

Postal/Zip code

A1A 2B2

Add

Click to request an address change

Contact Information


All applicants/registrants must provide a valid email address and a current phone number. This will be the primary email address the College office uses to communicate with you. If you update your primary email address and wish to have the same email used as your username for login credentials, you must contact the College to request your login credentials are changed.

If your town/city is not listed, click on the button 'City not listed'. A field will pop up to allow you to free text it in.


City
Truro, Nova Scotia, Canada

Postal/Zip code
A1A 2B2

Add Click to request an address change

Address change 

* Apartment / Box No. / Address or Street No.

City 


* Postal/Zip code
Ex: T5T 2B2


☐ City not listed


You can update your phone number. At least one of the two phone fields (Home and Mobile) must be filled in. If you wish to update your email address, please reach out to info@nscmirtp.ca. It is preferred that you use a personal (non-work) email address. Add additional languages if appropriate.

Contact Information

All applicants/registrants must provide a valid email address and a current phone number. This will be the primary email address the College office uses to communicate with you. If you update your primary email address and wish to have the same email used as your username for login credentials, you must contact the College to request your login credentials are changed.

Home Phone # 

Mobile Phone # 

* Email 

Languages

Please list the languages that you are fluent in and comfortable providing services

No language records exist

Add Click to add additional languages to your profile

Next is to add your educational background if it is not present. The first section is your original MIRTP degree/diploma/certificate. When you add an MIRTP institution, it should match from a drop-down list. If your educational institution is not listed, you do have the ability to add it to a free text field. Any addition of an educational achievement requires a supporting document, such as a diploma.

You may find multiple listings for your school, for example the Victoria General. Pick whichever is most appropriate. Over time, the list of educational institutions will be standardized and duplicates reduced.

You can also add other educational achievements as well; however it is not mandatory. Any addition requires a supporting document.

Your PLI information should be present, but if not, please add your current PLI information and upload a supporting document.

MIRTP EDUCATION

Registrants are required to ensure that their education information is accurate and current. If any of the education information below is inaccurate, please make the necessary changes in the section below.

Credential	Educational Institute	Year Granted
Baccalaureate (MIRT)	Dalhousie University	2021

[Add](#) Click here to add additional education

OTHER EDUCATION

Registrants are required to ensure that their education information is accurate and current. If any of the education information below is inaccurate, please make the necessary changes in the section below.

No education records exist.

[Add](#) Click here to add additional education

PERSONAL LIABILITY INSURANCE

Please ensure that all insurance records are accurate and up to date.

Current insurance is required

No insurance records exist

[Add](#) Click here to add new insurance

There are new mandatory employment fields in the new system as per regulatory requirements. The first three are indicated below by the red circle.

EMPLOYMENT

Registrants are required to ensure that their employment information is accurate and current. If any of the employment information below is inaccurate, please make the necessary changes to the employer in the section below.

* Current employment status

* Are you employed in the profession?

☐ Yes ☐ No

* Are you seeking employment?

Below is a list of your employment record(s)

Your most recent employer details will be listed as entered in the previous system.

QEII Halifax Infirmary

Employment type

Full time

Primary role ?

Staff

Contract type

Permanent employee

Primary method of care ?

Unknown

Virtual care delivery ?

Never

Additional area of practice (select up to two additional areas of practice)

-

Work phone

-

Start date

2022-09-01

Employment Preference ?

By choice

Secondary role

-

Funding source

Public/government

Secondary method of care

-

Primary area of practice

Other areas of practice

Tertiary role

-

Tertiary method of care

-

Division/site and Department

-

End date

-

Places of Work: The setting where you are directly engaged in work associated with your profession.

Primary Place of Work

-

Secondary Place of Work

-

Tertiary Place of Work

-

* Do you need to make changes to the above employer?

☒ Yes ☐ No

Immediately following are some additional mandatory questions related to this employment.

Changes

* Employment type Full time	* Employment Preference By choice	
* Primary role Staff	Secondary role -	Tertiary role -
Contract type Permanent employee	Funding source Public/government	
* Primary method of care Unknown	Secondary method of care -	Tertiary method of care -
* Virtual care delivery Never	* Primary area of practice Other areas of practice	

Additional area of practice (select up to two additional areas of practice)

<input type="checkbox"/> Addiction service	<input type="checkbox"/> Administration	<input type="checkbox"/> Advocacy	<input type="checkbox"/> Amputation care
<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Applications Specialist	<input type="checkbox"/> Assist Reproductive Technology Clinic	<input type="checkbox"/> BMD
<input type="checkbox"/> Burns care	<input type="checkbox"/> Cardiac Sonography	<input type="checkbox"/> Cardiology	<input type="checkbox"/> Chronic disease
<input type="checkbox"/> Chronic pain	<input type="checkbox"/> Client service management	<input type="checkbox"/> Client/patient education	<input type="checkbox"/> Clinical immunology and allergy
<input type="checkbox"/> Cognitive disorders	<input type="checkbox"/> Computed Tomography	<input type="checkbox"/> Critical care	<input type="checkbox"/> Cyclotron
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Developmental habilitation/disabilities	<input type="checkbox"/> Diabetes care
<input type="checkbox"/> Dosimetry	<input type="checkbox"/> Ear, nose and throat (ENT)	<input type="checkbox"/> Education	<input type="checkbox"/> Emergency care
<input type="checkbox"/> Emergency Radiography	<input type="checkbox"/> Endocrinology and metabolism	<input type="checkbox"/> Ergonomics	<input type="checkbox"/> Fetal Assessment
<input type="checkbox"/> Foot care	<input type="checkbox"/> Forensics	<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> General MRI
<input type="checkbox"/> General Nuclear Medicine	<input type="checkbox"/> General practice	<input type="checkbox"/> General Radiation Therapy	<input type="checkbox"/> General Radiography
<input type="checkbox"/> General Sonography	<input type="checkbox"/> Genetics	<input type="checkbox"/> Geriatrics	<input type="checkbox"/> Gynecology
<input type="checkbox"/> Hand therapy	<input type="checkbox"/> Health policy	<input type="checkbox"/> Health promotion	<input type="checkbox"/> Hematology
<input type="checkbox"/> Infection control procedure	<input type="checkbox"/> Informatics/health information	<input type="checkbox"/> Institutional education	<input type="checkbox"/> Internal medicine

**If this employer is no longer valid, enter the end date that employment stopped.
You can click 'Add' to enter your new employer, or a second, active employer.**

<input type="checkbox"/> Nephrology	<input type="checkbox"/> Neurology	<input type="checkbox"/> Nutrition therapy	<input type="checkbox"/> Occupational health
<input type="checkbox"/> Oncology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> OR Radiography	<input type="checkbox"/> Organ transplant
<input type="checkbox"/> Orthopedics	<input type="checkbox"/> Other areas of practice	<input type="checkbox"/> Palliative care	<input type="checkbox"/> Pathology
<input type="checkbox"/> Patient safety	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Pelvic health	<input type="checkbox"/> PET/CT
<input type="checkbox"/> Pharmacotherapy	<input type="checkbox"/> Physical medicine and rehabilitation	<input type="checkbox"/> Plastic surgery	<input type="checkbox"/> Primary care
<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Public health and prevention	<input type="checkbox"/> Quality Assurance	<input type="checkbox"/> Radiation Safety
<input type="checkbox"/> Radiology	<input type="checkbox"/> Radiopharmacy	<input type="checkbox"/> Regulation	<input type="checkbox"/> Research
<input type="checkbox"/> Respiriology	<input type="checkbox"/> Rheumatology	<input type="checkbox"/> Sales	<input type="checkbox"/> Sports medicine
<input type="checkbox"/> Staff education	<input type="checkbox"/> Supervision	<input type="checkbox"/> Surgery	<input type="checkbox"/> Trauma
<input type="checkbox"/> Unknown	<input type="checkbox"/> Urology	<input type="checkbox"/> Vascular Sonography	<input type="checkbox"/> Vestibular rehabilitation
<input type="checkbox"/> Vision care	<input type="checkbox"/> Wound management service		

Work phone
Example: 306-555-5555 Ext02

Work email

Division/site and department

End date (if applicable)
yyyy-mm-dd

Places of Work: The setting where you are directly engaged in work associated with your profession.

* Primary Place of Work -	Secondary Place of Work -	Tertiary Place of Work -
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Add Click here to add additional employer(s)

If applicable, add proof of any current MIRTP licensure in other provinces, and proof of licensure in other professions.

Please complete the consent for volunteering for NSCMIRTP.

If all the information has been entered along with uploading of any required document, press 'Submit'. You can also press 'Save for later' if you are not finished or need to locate a supporting document.

Please reach out to info@nscmirtp.ca for assistance.

OTHER MIRTP JURISDICTIONS

This section lists jurisdictions where you are currently registered/licensed as an medical imaging radiation therapy professional. Please ensure that all information listed below is correct and current. If this information is incorrect, please contact the Regulator.

This section is only meant for jurisdictions in which you are currently active. Do not enter historical registrations that are not current.

No other MIRTP jurisdiction records exist.

Add Click here to add new MIRTP jurisdiction information

ADDITIONAL REGULATED PROFESSIONS

This section lists jurisdictions where you are currently registered/licensed as an medical imaging radiation therapy professional. Please ensure that all information listed below is correct and current. If this information is incorrect, please contact the Regulator.

This section is only meant for jurisdictions in which you are currently active. Do not enter historical registrations that are not current.

No additional regulated profession records exist.

Add Click here to add new regulated profession

CONSENT

Are you interested in being contact about volunteering opportunities?

☒ Yes ☐ No

Submit Save for later Withdraw