

Acknowledgement and Undertaking of Supervision

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

New Grad Restricted License Holder

First Name:

Last Name:

Employer and Work Site:

In order to fulfill the specific requirements for New Grad licensing with the Nova Scotia College of Medical Imaging and Radiation Therapy Professionals (NSCMIRTP), this individual is required to work under the indirect supervision of a registrant fully licensed in the same discipline, at all times. Indirect supervision is defined as being in the same physical department and available when requested. All images must be reviewed by the supervising licensed registrant prior to the patient leaving the department.

I agree that the person named above will at all times work under the indirect 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 (graduate) with NSCMITRP 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.

Manager Name:

Signature:

Signature Date:

Acknowledgement of New Grad Restricted License Holder

I have read and understand the limitations and conditions applied to my practice as a 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. I also agree to inform NSCMIRTP immediately of credentialing exam results.

License Holder Name:

Signature:

Signature Date: