

MEDICAL RADIATION TECHNOLOGIST

Please complete for EACH Technologist currently working in the facility (casual, part time and full time). One MRT can list information below. Each additional MRT can enter info into the standalone "Facility Pre-Questionnaire – Additional Technologists".

Name (as given on CMRITO register):		
CMRITO #		Copy of your online registration status sheet Attached
Please check procedures which you are performing at this Facility: (X)		
General Radiography	Fluoroscopy	
Mammography	Bone Mineral Densitometry	
Other:		
<i>If performing mammography:</i> Please describe in detail your extra training, with dates. List additional certification.		
<i>Are you a CAR-MAP registered member, if so list the CAR-MAP ID(s)?</i>		
<i>If performing fluoroscopic procedures:</i> Please provide evidence of your successful completion of a recognized training program.		
Please provide a list of the other facilities you provide services for:		
Facility Name(s) and IHF Billing #:		