

**Certificate from the Out-of-Province
 MRT/MRIT Regulatory Authority
 Under the Canadian Free Trade Agreement (CFTA)**

To _____
(name of receiving regulatory body)

This is a statement certified by the Registrar of the _____
(name of regulatory body)

under the authority of the regulatory body and is a statement of information from the records kept by the Registrar in the course of their duties.

I hereby attest that the worker listed below is qualified to practise the profession of medical radiation technology/medical radiation and imaging technology in the province of _____
(name of province)

and that _____
(name of regulatory body)

is authorized under an Act of Canada or of a province or territory of Canada that is a party to the Canadian Free Trade Agreement to grant such certificate, licence, registration, or other form of official recognition.

| | |
|---|------------------|
| Last Name: | Given Name(s): |
| Registration Status: | Protected Title: |
| Type of Registration Certificate Specialties/Disciplines: | |

If you answer **yes** to any of the below questions, please attached a page of explanation.

Yes or No

| | |
|---|--|
| Are there currently any terms, conditions or limitations on the certificate of registration? | |
| Are there any current referrals to a discipline process/Discipline Committee? | |
| Are there any past findings of professional misconduct made against the worker? | |
| Is there any other information as a result of complaints, or criminal, disciplinary or other proceedings, against the worker in any jurisdiction whether in or outside Canada, relating to the worker's competency, conduct or character? | |

Dated at _____ on this _____ day of _____, 20____
(City, Province/Territory) (Day) (Month) (Year)

Registrar's name: _____

Registrar's signature: _____