

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

To Whom It May Concern:

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 his/her duties.

I hereby attest that the worker listed below is qualified to practise the profession of medical radiation technology in the province of \_\_\_\_\_ and that \_\_\_\_\_  
*(name of province)* *(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.

Are there currently any Terms, Conditions or Limitations on the certificate of registration?	Yes or No
Are there any current referrals to the Discipline Process/Committee?	Yes or No
Are there any past findings of professional misconduct made against the worker?	Yes or No
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?	Yes or No

Dated at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
*(City, Province/Territory)* *(Day)* *(Month)* *(Year)*

Registrar's name: \_\_\_\_\_

Registrar's signature: \_\_\_\_\_