

**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.

Are there currently any terms, conditions or limitations on the certificate of registration?	Yes or No
Are there any current referrals to a discipline process/Discipline 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: _____