Alberta College of Medical Diagnostic & Therapeutic Technologists

Mission Statement
The Alberta College of Medical Diagnostic and Therapeutic Technologists exists so that the public is assured of receiving safe, competent, and ethical diagnostic and therapeutic care by regulated and continually advancing professions.

Alberta Diagnostic Medical Sonographers Voluntary Roster

If you are practicing diagnostic medical sonography (DMS) in Alberta, you may volunteer to be on the *Alberta DMS Roster* administered by the Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT). The practice of DMS involves not only the clinical and technical aspects of the profession; it also includes, but is not limited to, functions of supervision, education, management, research and administration.

Here are the key things you should know:

- ☑ The rostering window is August 8 to October 31, 2017. You must complete the rostering process as described in this package by October 31, 2017 to be on the *Alberta DMS Roster.*

- ☑ There is no fee to be on the *Alberta DMS Roster.*

- ☑ When Alberta Health has completed its ongoing process of amending the *Medical Diagnostic and Therapeutic Technologists Professions Regulation*, it will become unlawful to practice without prior registration on the ACMDTT's *general register of medical diagnostic and therapeutic technologists.*

  All DMS on the *Alberta DMS Roster* will, if approved by ACMDTT, be grand-parented into the *general register of medical diagnostic and therapeutic technologists.*

  All DMS who have not participated in the *Alberta DMS Roster* will have to complete their entire application process within the grand-parenting window.

- ☑ Sonographers on the *Alberta DMS Roster* will receive the following benefits when it is time to be grand-parented into the ACMDTT's *general register of medical diagnostic and therapeutic technologists:*
  - Assurance that they meet key grand-parenting requirements for practice
  - 25% discount on the initial application fee
  - Expedited pathway to registration as the administrative process will already be complete.
    This will likely consist of:
    - Completion of a free online Regulation Education Module (REM)
    - Completion of a declaration confirming an understanding of regulatory obligations
    - Payment of registration fee
    - Declaration that all information submitted under the *Alberta DMS Roster* is still true and valid

- ☑ The College will apply the robustness of its current registration process in order to roster a sonographer. This may include approval by the Registrar or the Registration Committee of the ACMDTT.

- ☑ In the future, only sonographers on the ACMDTT's *general register of medical diagnostic and therapeutic technologists* will be allowed to practice in Alberta and use the protected title of "diagnostic medical sonographer" or "DMS".

- ☑ This protected title will always carry a condition limiting practice to a specialty (or multiple specialties) determined by the College (ACMDTT).

This package includes an application guide and form. Please review the guide prior to completing the form.

For questions specific to your situation, please contact the College at: 780.487.6130, toll-free 1.800.282.2165 or dms@acmdtt.com.

Guide: Alberta Diagnostic Medical Sonographers Roster

Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT)

The ACMDTT is pleased to provide this guide to assist your application to be on the *Alberta DMS Roster*.

Information you provide to the ACMDTT (College) is protected as per the College's Privacy Policy available on the College website at www.acmdtt.com, under the tab titled 'About us'.

Section 1: Applicant Information

Preferred name or Practice name

If the name you use in your practice is different from your legal name, please provide it here. In the future, when your information is rolled into the *general register of medical diagnostic and therapeutic technologists* your practice name will appear on the ACMDTT's public Member Register.

The public Member Register is a list of registered members available through a search engine on the home page of the College website. It provides the public with the member's professional title with speciality, registration status, conditions on practice (if any) and acts as proof of registration with the ACMDTT.

Please note that the online public Member Register will not provide information about sonographers on the *Alberta DMS Roster.*

Previous Last name

Enter your previous last name(s) if you have ever changed your name since completing your education to practice the profession. You must provide a photocopy of your marriage certificate, divorce decree, or legal name change document.

Email address

The College requires your active email address used for communication with the College. Important and confidential information may be sent by email, so please ensure that the email address that you provide is secure and checked frequently.

By choosing 'yes' to email consent, you are providing consent to receive electronic messages regarding member services such as branch activities for professional development, the annual conference, the College newsletter and awards. Electronic messages to communicate regulatory related matters that fall under *the Health Professions Act* (HPA) are sent to all members electronically regardless of their consent decision regarding membership services.

Section 2: Specialty(ies)

Your speciality(ies) correlate(s) to your area of certification.

If you have never been certified to practice your speciality or if your practice does not fall in the specialities identified in this form, please choose 'other' and provide a broad description of your speciality. College staff will work with you to identify the information pertinent to providing regulatory oversight to your practice. Your speciality may be unique to you or a select few sonographers in Alberta.

Section 3: Employment Information

Provide your employment information as indicated. Record your supervisor's contact information as they may be contacted with respect to the information you have provided. If you have more than two employers, add a separate page with this information.

Section 4: Educational/Training Information

Provide information about your initial sonography educational program.

Submit a copy of your diploma or degree, or a letter/notification from the educational institution which issued the diploma or degree evidencing your education.

Section 5: Certification Information

If you have indicated that you are certified in your speciality in section 2 of this form, provide information about your certification. Submit a copy of your certification, or a letter/notification from the certifying body evidencing your certification.

If you have not received certification in your speciality, please leave this section blank.

Section 6: Professional Conduct

If you answer YES to any questions, please provide further information. If required, the College will contact you to request any additional information.

Section 7: Additional Restricted Activities

Alberta Health defines restricted activities as high risk activities that are carried out in relation to or as part of, performing a health service. Please indicate if you provide one or more of the listed restricted activities.

Sonographers that practice these additional restricted activities will be required to verify maintenance of competence to perform these activities through a supervisor validated process when they are grand-parented into the ACMDTT's *general register of medical diagnostic and therapeutic technologists*.

Section 8: Declaration

You must check off, sign and date the declaration section of the form in order for your application to be complete. Your signature means that you have read and agree to all statements in this section.

If you provide incorrect or false information to ACMDTT, you could be denied registration on the ACMDTT's *general register of medical diagnostic and therapeutic technologists* or any registration issued to you could be revoked (taken away).

Section 9: Practice History

If you have graduated in or after 2015, this section does not apply to you.

Sonographers may practice many specialties (as indicated in section 2 of this form). If you have more than one speciality then the 'primary speciality' is the speciality that you practiced the most in the recent five years. Your other specialities are considered your 'secondary specialities'. This means that you can have only one 'primary speciality' and more than one 'secondary speciality'.

- The College requires evidence of a minimum of 800 hours of practice in your primary specialty, since the year 2012.
- If applicable to your situation, the College requires evidence of a minimum of 160 hours of practice in each 'secondary speciality'.
- Practice hours include practice in a clinical setting, supervision, education, management, research and administration.
- Practice hours do not include vacation, sick time, leave of absence or any other paid/unpaid non-practice hours.
- This information must be verified by your employer via your supervisor or Human Resources personnel. Provide a separate completed section 9 for each employer and/or specialty.
- You can send section 9 separately from this application form. Your record at the College will be augmented with each piece of information as it is received by College staff.

General Information

Incomplete applications

Applicants who submit incomplete information will be notified by email and provided a list of missing documentation. You are welcome to submit your documents as they become available; however your application cannot be processed until all the required information is received at the College.

Processing Time

The College will attempt to process your application within 10 business days of receiving the completed application and all required documentation. Once processed, the College will provide confirmation through email that the rostering process has been successfully completed.

If there are higher levels of information required to ensure that you meet all of the rostering requirements, the College will communicate with you to request more information, and keep you apprised of next steps.

Checklist of documents to be included with your Application:

- □ Completed Application
- □ If applicable, copy of name change document
- □ If applicable, copy of education
- □ If applicable, copy of certification
- □ Employer authentication of practice (section 9)

If you plan to email your information, please provide each document as a distinct and separate image

Application: Alberta Diagnostic Medical Sonographers Roster

Section 1: Applicant Information

Title ❑Ms. ❑Mrs. ❑Mr. ❑Other_____			Gender ❑ Female ❑ Male ❑ Other
Surname	Given Name(s)	Preferred Name (Practice Name)	Previous Last Name (if applicable)
Home Address	City/Province/Country		Postal Code
Date of Birth DD MM YYYY	Telephone	Email address for receiving regulatory information	❑ **Yes**, please send me information about membership services.

Section 2: Speciality (Check all that apply)

❑ General ❑ Cardiac ❑ Vascular ❑ MSK ❑ Other _____

Section 3: Employment Information

3.1: Primary Place of Practice in Alberta	3.2: Secondary Place of Practice in Alberta
Employer's name:	Employer's name:
Employer's address:	Employer's address:
Work phone number:	Work phone number:
Supervisor's name:	Supervisor's name:
Supervisor's phone number:	Supervisor's phone number:
Supervisor's email:	Supervisor's email:
Start Date in Alberta: DD MM YYYY	**Start Date in Alberta:** DD MM YYYY

Section 4: Educational/Training Information

Secondary Education/Training Information (if applicable)

4.1: Educational Program Name	4.2: Educational Program Name
❑ Diploma ❑ Degree ❑ Hospital/employer trained ❑ Other: _____	❑ Diploma ❑ Degree ❑ Hospital/employer trained ❑ Other: _____
Program Start Date: DD MM YYYY	Program Start Date: DD MM YYYY
Program Completion Date: DD MM YYYY	Program Completion Date: DD MM YYYY
Name, Address and Postal Code of Institution/Hospital	**Name, Address and Postal Code of Institution/Hospital**
Language of Instruction:	Language of Instruction:
Certificate Date: DD MM YYYY	Certification Date: DD MM YYYY
❑ I am providing evidence of this education/training	❑ I am providing evidence of this education/training

Section 5: Certification (if applicable)

5.1: Name of certifying body		5.2: Name of certifying body	
Certification Date: DD MM YYYY	Certification name:	Certification name: DD MM YYYY	Certification name:
❑ I am providing evidence of this certification		❑ I am providing evidence of this certification	

Section 6: Professional Conduct (please circle yes or no)

5.1 Are you currently a member of another provincial body or professional college or association?
If yes, please list them here:

_____ Yes No

_____

_____

5.2 Have you ever been disciplined or are you currently being investigated by a professional association or regulatory body? (If yes, please provide details on a separate page.) Yes No

5.3 Do you have a criminal record? If yes, please attach details on a separate page. (You are not required to obtain a criminal record check without a specific request from ACMDTT) Yes No

5.4 Do you give permission to the College to contact any authority or association in any jurisdiction to verify the above statements? Yes No

Section 7: Additional Restricted Activities

Please indicate if you practice any of the following:

❑ Contrast Media ❑ Medication Administration ❑ Venipuncture

Section 8: Declaration (check all boxes that apply)

❑ I verify that all statements contained in this application are accurate. I understand that a false or misleading statement, an omission or misrepresentation may be cause for cancellation of my practice permit and registration.

❑ I understand that the collection, use and disclosure of my personal information will be handled in accordance with the College's Privacy Policy.

❑ I agree to notify the College immediately of any change to the (e.g. employer and personal contact information).

❑ I understand that I may be required to submit further information to determine eligibility for registration on the ACMDTT's *general register of medical diagnostic and therapeutic technologists*, and the College will contact me if additional documentation is necessary.

Applicant's Signature_____ **Date (dd/mm/yyyy)**_____

The College reserves the right to request character references and to contact employers.

Please note:
Section 9 on the next page needs to be verified by your employer or HR division.

Section 9: Practice History

Provide a completed section 9 for each employer separately. Your record at the College will be augmented with each piece of information as it is received by the College.

9.1: Speciality

❑ General ❑ Cardiac ❑ Vascular ❑ MSK ❑ Other

Surname:	Given Name(s):

9.2: Practice History as a Sonographer within the Last Five Years

Year (Jan. - Dec.)	Facility/Organization	Number of Hours Worked in Specialty
2017		
2016		
2015		
2014		
2013		
2012		

If the applicant has practiced full time, part time or casual in the specialty, please enter the number of hours practiced per year. If the applicant did not practice in the specialty that year, enter '0'.

Note: Practice hours *do not* include vacation, sick time, leave of absence or any other paid/unpaid non-practice hours.
Practice hours *do* include supervision, management, education, quality controls as well as clinical and technical work.

9.3 Employer/Supervisor's Information

Facility/Organization	
Employer/Supervisor's Name	Employer/Supervisor's Title
Telephone Number	Email
Employer/Supervisor's Signature	Date (dd/mm/yyyy)

9.4: Supervisor's Declaration

Declaration

I confirm that the information contained in this form is true to the best of my knowledge.

Supervisor's Signature_____ **Date (dd/mm/yyyy)**_____