

MEDICAL RADIATION TECHNOLOGIST

Please complete for EACH Technologist currently working in the facility (casual, part time and full time).

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:		
Computed Tomography		Magnetic Resonance Imaging
Please provide a list of the other facilities you provide services for:		
Facility Name(s) and IHF Billing #:		