



NLAMRT Continuing Education Credit Program Guidelines:

All technologists in the CE program must accumulate twenty credits over any three year period, with a minimum of five credits every year. All credits must pertain directly to the profession. Members shall maintain documentation of their credits and may be required to supply to the NLAMRT Registrar. All information will be forwarded to your supervisor/HR/manager.

The NLAMRT has divided credits into categories:

1.) Professional Courses

- CAMRT Correspondence Course
- Other Correspondence Course
- Job Related College/University Course

Note: If the course has been previously certified by another body such as CAMRT or ARRT then we will recognize the # of credits given by the body

2.) Educational Events

- | | |
|---------------------------|--|
| • In-service/Lecture | 1 credit/hr |
| • Professional Conference | 1 credit/hr (max 8/day) |
| • Completion of CPR | 1 credit/hr (max 8/day) |
| • Teleconferences | 1 credit/hr |
| • Rounds/Panel Discussion | 1 credit/hr |
| • Seminar/Workshop | 1 credit/hr (max 8/day) |
| • Medical Journal | 2 credit/article(submit written summary) |

3.) Professional Conferences

Provincial/National/International Activities

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|--------------------------------------|------------------------------|
| • Member of CAMRT Committee | 8 Credits + 2 if Chairperson |
| • Provincial Director to CAMRT | 15 Credits |
| • Attendance at CAMRT or related AGM | 5 Credits |

4.) Professional Association Involvement

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|-------------------------------|-----------|
| • Executive Member of NLAMRT | 8 Credits |
| • Committee Member NLAMRT | 5 Credits |
| • Annual Conference Committee | 8 Credits |

Professional Conferences

CE Activity	Date of Activity	# of Hours	Name, Position & Signature of Verifier	# of Credits

Professional Association Involvement

CE Activity	Date of Activity	# of Hours	Name, Position & Signature of Verifier	# of Credits

CE Credit Total: _____
Signature of Technologist: _____ Date: _____

NLAMRT Personal and Registration Form

Name : _____

CAMRT Registration #: _____

Mailing address: _____

City: _____

Postal Code: _____

Telephone #: _____

Email address: _____

Workplace: _____

Position: _____

Address: _____

Work #: _____