

CLINICAL EXPERIENCE VERIFICATION

CANDIDATE NAME: _____

Eligible candidates must provide evidence of 2 years of practice as a certified radiological technologist (minimum 1950 hours over a two-year period).

This criterion must be met prior to registering for the CIR.

This form is to be completed by the candidate's Supervisor/Manager.

Please Print:

Supervisor/Manager's Name:

_____	_____
Surname	First Name

Position/Title: _____

Name of Facility: _____

Mailing Address:

I hereby verify that the candidate listed above has been working as a certified MRT (minimum of 1950 hours over a two-year period).

Signature of Supervisor/Manager

Date

Signature of CIR Candidate

Date