



The Hong Kong College of Radiographers and Radiation Therapists

Statement of Clinical Experience in Magnetic Resonance Imaging for Admission of Member of HKCRRT

This statement must be completed in full and signed by the applicant and his/her supervisor before it can be processed. The HKCRRT reserves the right to request the applicant to provide the detailed records of clinical experience.

To be completed by the applicant

Title (circle one): Mr. Mrs. Ms. Dr.

Surname: _____ Given Name: _____

Address: _____

Tel. (Work): _____ Tel. (Mobile): _____ E-mail: _____

Certification Examination of MRI of HKCRRT undertaken on _____ (dd/mm/yy)

I, _____ certify that I have performed not less than 300 MRI examinations including:

- Not less than 120 MRI examinations of head & neck
- Not less than 80 MRI examinations of spine
- Not less than 60 MRI examinations of musculoskeletal regions
- Not less than 40 MRI examinations of thorax, abdomen and pelvis

during the 2-year period between _____ (mm/yy) and _____ (mm/yy)

Supervisor's Verification

I, _____ supervisor of the individual identified on the statement verify that the individual has successfully completed 300 MRI examinations during the time period described above.

Signed: _____ Date: _____

Position: _____ Name of Institution: _____