



Saskatchewan
Association of Medical Radiation Technologists

VERIFICATION OF HOURS

(Must be completed and signed by the department Manager/Human Resource Representative)

I, _____ (name of Manager/Human Resource Representative) declare that _____ (name of employee) has worked a minimum of 500 practice hours in _____ (primary discipline) and a minimum of 300 practice hours in _____ (*secondary discipline) in the last 5 years.

If the employee has worked less than the minimum number of required hours, please indicate the number of hours worked:

Primary discipline _____

*Secondary discipline _____

*Only applicable to MRT's who are licensed in more than one discipline

Signature of Manager/Human Resource Representative _____ Date _____

Title of Manager/Human Resource Representative _____

Telephone Number _____ Email Address _____