

# MRTB CLINICAL EXPERIENCE FORM

## MEDICAL IMAGING TECHNOLOGY

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Name

Registration Number

40-0

Post qualification employment history for the last three-years<sup>1</sup>

(Most recent employer first)

Place of employment

Position held

Dates of employment

Length of employment:

Working hours per week

**If above employment position was for less than three-years**

Place of employment

Position held

Dates of employment

Length of employment:

Working hours per week

Place of employment

Position held

Dates of employment

Length of employment:

Working hours per week

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<sup>1</sup> If returning to practice please provide details of your most recent 3 years of employment.

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***Please complete a separate form for each place of employment***

Hours per week/day in the area

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Breakdown of examinations into specific types (e.g. CT, Plain film, Interventional, Theatre) and what examinations you did in these areas

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Number of examinations on a daily basis

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Equipment types – List equipment used

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Please state the number of beds in the hospital of employment

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Please list the number of plain film rooms, CT scanners and fluoroscopy rooms/interventional in the department

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