

MRTB CLINICAL EXPERIENCE FORM  
MAGNETIC RESONANCE IMAGING (MRI) 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

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



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Please state the average number of examinations performed in the department on a weekly basis and the patient demographics

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