

MRTB CLINICAL EXPERIENCE FORM
MAGNETIC RESONANCE IMAGING (MRI) TECHNOLOGY

Page 1 of 3



Name

Registration Number

40-0

Post qualification employment history for the last three-years¹

(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

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

MRTB CLINICAL EXPERIENCE FORM
MAGNETIC RESONANCE IMAGING (MRI) TECHNOLOGY

Page 2 of 3



Please complete a separate form for each place of employment

Number of clinical hours performed in MRI Technology per week

.....
.....
.....
.....

Range of examinations performed

.....
.....
.....
.....
.....
.....

Do you do general anaesthetic cases?

.....
.....

List the types of scanners you have experience of and for how long and the coils available

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

MRTB CLINICAL EXPERIENCE FORM
MAGNETIC RESONANCE IMAGING (MRI) TECHNOLOGY

Page 3 of 3



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

.....

.....

.....