

## Schedule of Activities and Credit Hours – MLT / MRT / RRT

This is not an exhaustive list. If you do not see an activity you wish to use for your continued competency portfolio, contact the registrar for approval.

Continuing Education Activities	Credit/ hr of activity Maximum credit/yr		Examples of Activities	Verification
<b>In-Service Education</b>	1 CEC/Day	Max 10/yr	<ul style="list-style-type: none"> <li>On-the-job training (initial and following return from extended leave)</li> </ul>	Completed training Checklist, Date of completion and signature of Trainer
	1 CEC/hr		<ul style="list-style-type: none"> <li>rounds, tutorials, lecture attendance</li> <li>webinars / e-learning</li> <li>journal club attendance</li> </ul>	Confirmation of attendance
<b>Self-Study/ Professional Reading</b>	1 CEC/hr	Max 5/yr	<ul style="list-style-type: none"> <li>Videos, multimedia, web research,</li> <li>Journal articles, manuals related to the profession</li> <li>Self-directed reading of journal articles</li> <li>Watching informative video</li> <li>Self-directed power point or other multimedia</li> <li>Web/Library based research/Literature Reviews</li> <li>Reading manuals related to the profession / Technology</li> </ul>	Date completed, reference citation and summary of content
<b>Professional Body Activities</b>	1 CEC/hr	N/A	Attending Conferences <ul style="list-style-type: none"> <li>CAMRT, CSMLS, CSMT, CSRT, etc.</li> </ul>	Proof of attendance
	1 CEC/hr	Max 4/yr	Professional Volunteering <ul style="list-style-type: none"> <li>Maritech, CACMID conferences, science fair judging, CSMLS, CAMRT, CAMPLR, CLSI, CSRT, HPTC</li> </ul>	
<b>Training</b>	1 CEC / day of training	Max 5/yr	<ul style="list-style-type: none"> <li>Super user or training on new equipment, procedures or software</li> <li>Training on new techniques / clinical applications</li> </ul> <p><b>Note:</b> this is only applicable if you are training to become an advanced user who will then have to train others. Otherwise this learning would fall under "In-service education: On-the-job training".</p>	Completed training Checklist, Date of completion and signature of Trainer

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<b>Academic/ Research Related</b>	2 CEC	N/A	Presentation of: <ul style="list-style-type: none"> <li>• Technical papers, lectures, written articles, or lunch and learns, exhibit, or essay presented at a conference.</li> <li>• Education material for home hospital/clinic or department</li> </ul>	Copy of document or presentation Date and time of delivery
	2 CEC		Creation of: <ul style="list-style-type: none"> <li>• learning opportunities in their home hospital/clinic</li> <li>• monthly recurring learning event. (ie: Journal club)</li> </ul>	Date, summary of learning opportunity and audience
	4 CEC		Creation of: <ul style="list-style-type: none"> <li>• Creation of learning activity materials</li> <li>• Competency testing materials</li> </ul>	Summary of materials and Audience Date of completion
	4 CEC		Professional Writing <ul style="list-style-type: none"> <li>• Preparation of scholarly articles for publication or circulation within the profession. (3 typed pages, double spaced 11pt Arial).</li> </ul>	Copy of article Date of submission and publication or circulation
<b>Higher Education/ Technical</b>	CEC for hours listed, CE hours or PEP hours attained during the course	N/A	Any formal Post-Secondary training <ul style="list-style-type: none"> <li>• University / College courses</li> <li>• CAMRT Continuing Education courses</li> <li>• CSMLS Continuing Education courses</li> <li>• CSRT Continuing Education courses</li> <li>• Refresher Courses</li> <li>• Medial Lab courses</li> <li>• Computer, business, Leadership, Management Courses</li> </ul> <b>Note:</b> For courses not directly related to your profession, contact registrar for approval.	Proof of enrollment, Syllabus, start date, and % completed, <b>or</b> completion date and proof of completion
<b>Health and Wellness</b>	1 CEC/hr	Max 2/yr	<ul style="list-style-type: none"> <li>• Mindfulness based stress reduction</li> <li>• Mental Health Training</li> </ul>	Proof of completion
<b>Professional Teaching</b>	1 CEC / day of training	Max 5/yr	<b>Preceptorship</b> <ul style="list-style-type: none"> <li>• Student preceptorship</li> <li>• New staff training/orientation</li> </ul>	Verification of participation by supervisor or manager.
	1 CEC / hr		<ul style="list-style-type: none"> <li>• Tutoring for profession-specific courses (outside of work)</li> </ul>	

Continuing Education Activities	Credit/ hr of activity Maximum credit/yr	Examples of Activities	Verification
<b>Committee Involvement</b>	8 CEC	<ul style="list-style-type: none"> <li>CAHPPEI Council Member</li> </ul>	Confirmation of Attendance
	6 CEC	<p>Regulatory Committees</p> <ul style="list-style-type: none"> <li>CAHPPEI Committee Chair</li> <li>CAHPPEI Committee Member</li> </ul> <p>Professional Committees</p> <ul style="list-style-type: none"> <li>CAMRT Committee Chair</li> <li>CAMRT Committee member</li> <li>CSMLS Committee Chair</li> <li>CSMLS Committee member</li> <li>CSRT Committee Chair</li> <li>CSRT Committee member</li> </ul> <p>Departmental based Committee</p> <ul style="list-style-type: none"> <li>Quality, Chemistry, QC working group</li> </ul>	Confirmation of enrollment (letter, minutes, Attendance log)
	4 CEC	<p>Hospital-based Committees and working groups</p> <ul style="list-style-type: none"> <li>Joint OHS, Pediatric pain management etc.</li> </ul> <p>University / Academic Committees Community Committee member</p>	Confirmation of enrollment (letter, minutes, Attendance log)
	Provided upon approval	Other committees as deemed professionally relevant by the auditors (request approval from registrar)	Confirmation of enrollment (letter, minutes, attendance log)
		Max 8/yr	