

# **Appendix A**

Information and Application Form for BMET Certification.

# INFORMATION AND APPLICATION FORM FOR

# **BMET CERTIFICATION**

# (CANADA)



Thank you for your interest in the Canadian Biomedical Engineering Technology Certification Programme. In this document you will find programme information, eligibility requirements, examination format, application procedure, and the table of fees.

# General

The International Certification Commission (ICC) has a membership, which provides broad representation of relevant members of the health care community. It includes representatives from engineering, medical, industrial, and government groups and agencies. It supervises the certification of biomedical engineering technologist and technician, clinical engineers, and other related specialists through the organization of examining boards.

As guided by the Commission, the Canadian Board of Examiners for Biomedical Engineering Technologists and Technicians (BMET Certification) considers that a biomedical engineering technologist or technician is a person knowledgeable in the theory of operation, the underlying physiologic principle, and the practical, safe, clinical application of biomedical equipment. His/her capabilities may include installation, calibration, inspection, preventative maintenance, and repair of general biomedical and related technical equipment, and in equipment control, safety and maintenance.

#### Eligibility

The basic eligibility requirement for being examined for biomedical engineering certification is the candidate's registration with their provincial association as a certified engineering technologist or technician, as recognized by The Canadian Council of Technicians and Technologists (CCTT), with a minimum number of years of related experience.

- 1. A certified member, in good standing, of a provincial association of engineering technicians and technologists, recognized by the Canadian Council of Technicians and Technologists.
- 2. The candidate shall have a minimum of 3 years experience in a clinical environment, OR Candidates, who are graduates of a recognized BMET post-secondary school programme, accredited by the Canadian Technology Accreditation Board (CTAB), and/or recognized by The Board, will be allowed to count a maximum of 1-year internship period as part of the 3-year requirement.
- 3. It is not necessary that the candidate be currently employed by a hospital, but it is required that the candidate have the above experience.
- 4. The applicant shall submit the names of at least 5 references. These references must be health care professionals who are familiar with the BMET's competence in the following areas:
  - a. Technical ability
  - b. Clinical experience interfacing with physicians
  - c. Clinical experience interfacing with nursing staff
  - d. And 2 others who have knowledge of the BMET's work experience.

Note: If a physician reference (ii) is not available, include an additional nursing reference (iii).

The names of references are requested on the application form. Confidential questionnaires will be sent to the referees by the Secretariat. These forms are returned directly to the Secretariat.

# **Certification Process**

The process is as follows:

- 1. Upon receipt of completed application form and fee, the candidate will receive a receipt of payment, which will indicate that the candidate's file has been activated.
- **2.** The Secretariat will send out reference requests to the references indicated on the candidate's application form.
- **3.** Upon receipt of these completed references, the candidate's file is directed to the Board of Examiners for review. The Board will determine if the candidate meets the requirements for examination, or if additional information, or further study is required.
- 4. When the Secretariat has been advised of the candidate's acceptance for examination, a proctor will be appointed to oversee the written examination. The proctor will be a qualified examiner in the candidate's city/town, or as close as possible. The candidate shall have made arrangements with the proctor and written the exam within two (2) years of the acceptance date.
- 5. The candidate will be given eight (8) hours to complete the examination. The use of handheld scientific calculator (no calculators that allow text storage or formulation(s)) and one 7.6 cm by 12.7 cm card with formulas is allowed. The card shall only contain formulas (no text) on both sides and shall have a font size of not less than 8 pitch. Calculators that are included as part of cellular phones, black berries, and other electronic communication devices will not be permitted. The formula card must be handed in together with the completed exam.
- **6.** Upon successful completion of the written examination, the Board will advise the candidate of the results. The Board then makes its recommendation to the International Certification Commission, and a Certificate will be issued.
- 7. If the candidate has not achieved a passing mark on the written exam, he/she will be given a time period to study in the area(s) of weakness, and then be given the opportunity to rewrite a supplementary examination that focuses on this area.
- 8. The candidate's Certificate is sent to the Canadian Board Chairman for signature and the candidate will be consulted as to whether he/she wishes it to be sent to their supervisor for presentation, or directly to him/herself.

# Examination

The purpose of the examination process is to measure, in a standardized and unbiased manner, the ability of the candidate to apply the knowledge and skills in the role of a professional. Passing a certification examination establishes that the individual is minimally competent to work unsupervised in a given field or profession. The certification does not mean that an individual knows everything required to be considered an expert in a given field.

There are two exams in Canada, one for technologists and one for technicians, (as determined by the candidate's provincial certification). Throughout this text the acronym BMET refers to both biomedical engineering technologist and technician.

#### **Examination Content**

The content of the examination is based on the following premises:

The BMET must be able to communicate intelligently with physicians and other hospital staff members. Also, in order to fulfill his/her responsibilities in the area (e.g. in the area of safety and

device performance), he/she must have a reasonable knowledge of anatomy and physiology. The knowledge should include familiarity with terminology and body functions/systems.

The BMET should possess a broad knowledge of equipment and laboratory instrumentation used in a clinical setting. His/her knowledge should include, but not be limited to, the theory of operation, clinical application, safety requirements, regulations and standards relating to physiological monitors, analytical laboratory instruments, vacuum and gas pressure vessels and controls, anaesthesia equipment, information systems interfaces, ventilators, imaging devices (including MRI, CT, PET, X-Ray and ultrasound), physiological instruments, electrosurgical units, lasers (YAG, CO2, etc), renal dialysis, non-invasive surgical instruments....etc.

The BMET should be able to perform theoretical troubleshooting, using schematics, for equipment ranging from the simple fibre optic light source to the microprocessor based electromyography. The BME Technologist should also possess basic management and supervisory skills.

#### **Examination Format**

The examination is divided into two parts. The first part is in multiple-choice format and includes five (5) sections that cover the topics of:

- Anatomy and Physiology
- Electronics
- Medical Instrumentation
- Troubleshooting
- Canadian and other recognized standards.

The second part contains Essay questions pertaining to the practice and organizational management of Biomedical Engineering Programmes.

#### **Examination Pass Mark**

A minimum mark of 50% is required in each of the six (6) sections. 75% of the marks gained in the first five (5) sections, plus 25% of the mark gained in the essay section, will constitute the final mark attained. The final mark attained must equal or exceed 60%, with each of the six (6) sections receiving a mark of 50% or more, for a pass to be granted.

#### **Examination Location**

The Board will also make every effort to provide examinations in a location that the candidate might easily access. The examination site should provide appropriate testing conditions including good lighting, large desk, lack of noise, and a nearby rest room. The examination date will be a mutually agreeable date between the candidate and the examination proctor or supervisor. The examination may begin no earlier than 0800 hours and no later than 1300 hours (full examination only).

## Study Guide

A Study Guide is available, which provides an insight into the examination by means of a mini sample examination and recommended readings. The Study Guide is available from the Secretariat. The cost of the Study Guide can be found in Section 0.

# Application

A BMET Certification Application form must be completed. Curriculum Vitae are not acceptable in lieu of the completed form. This application form is directed to The Board Secretariat. The Secretariat will obtain the applicant's references and send the application together with the references to The Board of Examiners for review.

#### **Application Review**

The application will be reviewed by three (3) board members and they will decide whether or not the applicant is qualified to take the examination based upon the eligibility requirements. The applicant is then informed of his/her eligibility to take the examination.

If the Board does not recommend testing, the applicant is informed and he/she may choose to follow the appeal procedure.

#### **Application Appeal Procedure**

The Secretariat submits the candidate's application for review by the Chairperson of The Board. The Chairperson will undertake a review of the application that is consistent with the intent of the original application review.

#### Fees

#### Application (Examination) Fee

The application fee is subject to annual review. This fee is non-refundable after the candidate has been accepted for examination. The fee is to cover the cost of processing the candidate's application and one examination session (if the candidate is determined eligible to test for certification). If, after the receipt of references and review by the Board, it is decided that the candidate is not eligible for examination, the candidate's fee will be refunded, less an administration fee to cover costs to that point. The Examination Fee will be reviewed on an annual basis and adjusted as required to cover the costs associated with maintaining The Board.

#### **Certification renewal Fee**

An annual renewal fee, for maintaining an active status as a Certified Biomedical Engineering Technician/Technologist (CBET) is payable. Renewal Fees are due on successful completion of the Certification Examination and in January of each year thereafter. The Fee Schedule lists the amounts involved in the process.

#### Fee Schedule

EXAMINATION FEE	\$175.00
<b>REFUND</b> (if not accepted for examination)	\$130.00
SUPPLEMENTAL EXAM (per section)	\$60.00
ANNUAL RENEWAL FEE	\$50.00
ANNUAL RENEWAL FEE (retired status)	\$25.00
STUDY GUI DE	\$20.00

## APPLICATION FORM FOR BMET CERTIFICATION

#### **INSTRUCTIONS**

To avoid delays in processing your application fill out the application form clearly, accurately and completely.

Your eligibility for certification will be judged on:

- The information you provide on this application form
- The opinions of your references
- The results of your written examination

Be sure to:

- Sign the statement at the bottom of this page
- Include the examination fee (C\$175) with your completed application
- make cheques payable to : BMET CERTIFICATION CANADA

Mail the completed application form to:

BMET Certification Canada 97 Pheasant Run Drive Nepean, ON K2J 2R3 Canada

#### CANDI DATE'S STATEMENT

I, (PRINT NAME)\_\_\_\_\_\_, certify that all information that I have entered on this application form, and any accompanying documents, is correct. I understand that any misrepresentation may result in the rejection of this application, or the revocation of any certificate issued as a result of this application. I am also aware that any certification that I may receive from the Certification Commission will not constitute, and shall not be construed as, a license. I authorize, and release from all liability, the Certification Board of Examiners (Canadian) in doing so, to make any enquiries that are necessary in ascertaining my eligibility for certification.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

### PERSONAL INFORMATION (PLEASE PRINT)

High									
	NAME OF SCHOOL	LOCATI ON	PROGRAMM E	FROM	то	DEGREE			
	TECHNICIAN OR TECHNO	DLOGIST?		C.E.T.,	A.Sc.T., ETC.				
TITLE:	TECHNICIAN OR TECHNO	CLASS	IFICATION:						
DATE OF J	OINING THIS ASSOC	IATION:	MEMBERSH		3ER:				
-	PROVINCIAL ASSOCI		ANS/TECHNOLOG	STS W	ITH WHI	CH YOU			
SEND PERSONAL ELECTRONIC MAIL (E-MAIL) TO: HOME WORK WORK									
			_		-	_			
SEND PER	SEND PERSONAL LETTER MAIL TO: HOME WORK								
NAME AND	TITLE OF IMMEDIA	TE SUPERVISOR:							
WORK TEL	EPHONE:	Number	ork E-Mail:						
DEPARTME	ENT:	(	CURRENT POSITIO	ON:					
WORK ADI	DRESS:		City	Provinc	ce	Postal Code			
PRESENT E	EMPLOYER:								
HOME TEL	Area Code	Ho	OME E-MAIL:						
	Street		City	Provinc		Postal Code			
NAME:(A:	s you wish it to appea	ar on your certificate	)						

High School			
Technical Institute			
College			
Other			

#### **BI OMEDI CAL ENGI NEERI NG EXPOSURE**

During any part of your formal education, environment (internship), which was inclu			biomedical
		☐ Yes	□ No
If "Yes", please list dates, institution and	a brief description	of the work you	performed:
Have you attended any major biomedical accredited organization?	conferences, semin	nars, or meeting	s sponsored by an
		Yes	No
If "yes", please list:			
Date Event	Spo	onsor	
List your major disciplinary interests in the Respiration, Cardiology, etc)	e field of biomedica	al technology (e.	g. Haematology,
In the event that you are successful in pa your name to be listed on the ICC Web si Technician/Technologist. I wish my name to be listed on the ICC W Note that the default of "Yes" will be	te as a Canadian C Veb site	ertified Biomedia	No

#### **EMPLOYMENT HISTORY**

Dates					Start with your most recent employment and account for each year since			
	From To Total Mo. Yr. Mo. Yr. Time		Total Time	High School. Include the name and location of your employers, titles of your positions and descriptions of your duties. If more space is required				
MO.	Yr.	NO.		Yr.	Time Yrs. Mos.	add a separate sheet.		
L		l						

#### OUTSTANDING ACHI EVEMENTS

Attach a separate sheet to describe any outstanding achievements on your part that you feel the Board of Examiners should evaluate when considering your application. This could include publications, special projects, incident investigations, research projects, safety programmes, etc..

#### REFERENCES

List the names and contact information (PLEASE PRINT) of five (5) health care delivery professionals who may be consulted for the purpose of providing references in the following areas:

- a. technical ability
- b. clinical experience interfacing with physicians
- c. clinical experience interfacing with nursing staff
- d. and two (2) others who have knowledge of your work experience

Note: If a physician reference (b) is not available, replace (b) with a second nursing reference (c)

Obtain permission to use the references that you provide and inform them that they will be requested to complete a questionnaire, which will be sent to them via e-mail (preferred) or surface mail.

<b>REF.</b> 1	NAME & TITLE	:	_ POSITION					
	ORGANIZATIO	N:						
	ADDRESS:							
	Street			City	Province	Postal Code		
	TELEPHONE:			E-MAIL:				
		AREA CODE	NUMBER					
REF. 2	NAME & TITLE	:			POSITION			
	ORGANIZATIO							
	ADDRESS:							
	ADDRESS:			City	Province	Postal Code		
	TELEPHONE:			E-MAIL:				
		AREA CODE	NUMBER					
REF. 3	NAME & TITLE				POSITION			
	ORGANIZATIO							
	ADDRESS:			City	Province	Postal Code		
	TELEPHONE:			E-MAIL:				
		AREA CODE	NUMBER					
REF. 4	NAME & TITLE	:			POSITION			
	ORGANIZATIO	N:						
	ADDRESS:							
	ADDRESS:			City	Province	Postal Code		
	TELEPHONE:			E-MAIL:				
		AREA CODE	NUMBER					
REF. 5	NAME & TITLE	:	POSITION					
	ORGANIZATIO	N:						
	ADDRESS:							
	Street			City	Province	Postal Code		
	TELEPHONE:			E-MAIL:				
		AREA CODE	NUMBER					