

APPLICANT INFORMATION (Please Print)

CPSA Registration Number: _____

Last Name: _____ Given/First Names: _____

Street Address: _____

City: _____ Postal Code: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

E-mail Address: _____

1. I am applying for: **Interpreter** (6 months full-time EEG/epilepsy training or Equivalent training completed within 2 years)

Director (Current Approval to Interpret)

2. I am a specialist in:

Neurology (adult or pediatric)

Neurosurgery

Psychiatry

Pediatrics (with extra training in Neurology, suitable to Council)

3. I have obtained certification in EEG with the Canadian Society of Clinical Neurophysiologists (CSCN) or equivalent. (Please provide evidence.) Yes No

4. I completed my training in _____ (Month/Year)

5. My training is as follows:

Institution	Dates	
	From (Month/Year)	To (Month/Year)

6. I have enclosed a letter confirming training and competence from the program provider.

(Note: This evidence of training and competence is required.)

Yes

No

7. My experience is as follows:

Institution	Dates	
	From (Month/Year)	To (Month/Year)

8. **Expected Practice Start Date:** _____

Privacy Notice: The College of Physicians & Surgeons of Alberta collects, uses and/or discloses your personal information with your consent or as authorized or required by law and in accordance with our Privacy Statement. We collect and use your personal information in order to support the business of the College, specifically protect the public and to guide and regulate our members.

Applicant Signature: _____

Date: _____

Please return your completed application and required documents (together as one package) to the College of Physicians & Surgeons of Alberta by fax: 780-428-2712 or by mail:
2700 - 10020 100 ST NW, Edmonton AB T5J 0N3