



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. Degree and Specialty: Respiriology (adult or pediatric) Internal Medicine
 Anesthesia Pediatrics

2. I am applying for the following:
(Complete Appendix A)

	Director	Interpreter
Level II	<input type="checkbox"/>	<input type="checkbox"/>
Level III	<input type="checkbox"/>	<input type="checkbox"/>
Level IV (Respirologists Only)	<input type="checkbox"/>	<input type="checkbox"/>

3. If not a Respirologist, please review the required experience and training:

	Medical Director	Interpreter
Level II	One month training in a laboratory which performs 500 Level III studies annually.	One month training in a laboratory which performs 500 Level III studies annually.
Level III	Six months training in a Level IV pulmonary function laboratory which performs 500 studies annually.	Three months training in a laboratory which performs 500 Level III studies annually.

4. My training in pulmonary function testing is as follows:

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

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

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

Yes

No

6. My experience in pulmonary function testing includes:

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

7. **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



APPENDIX A – PULMONARY FUNCTION PROCEDURES

Name: _____

	Check only those procedures for which you are requesting approval.	Total number of procedures performed in the past year. Numbers must be provided for requests to be processed.
Level II		
Vital capacity (VC)	<input type="checkbox"/>	
Timed vital capacity	<input type="checkbox"/>	
Forced expiratory volume in the first second (FEV ₁) (before and after bronchodilator)	<input type="checkbox"/>	
Forced vital capacity (FVC) (before and after bronchodilator)	<input type="checkbox"/>	
FEV ₁ /FVC (before and after bronchodilator)	<input type="checkbox"/>	
Inspiratory & expiratory flow volume loop (before and after bronchodilator)	<input type="checkbox"/>	
Level III		
Arterial blood gases	<input type="checkbox"/>	
Co-oximetry	<input type="checkbox"/>	
Oxygen saturation (pulse oximetry) with quantified exercise	<input type="checkbox"/>	
Lung volumes by gas dilution technique or nitrogen washout, or body plethysmography	<input type="checkbox"/>	
Carbon monoxide diffusion capacity	<input type="checkbox"/>	
Non-specific inhalation challenge - methacholine or histamine	<input type="checkbox"/>	
Inspiratory pressure (P _{imax}) and maximal expiratory pressure (P _e max)	<input type="checkbox"/>	
Progressive exercise test with two or more workloads with measurement of heart rate, ventilation and oximetry	<input type="checkbox"/>	

	Check only those procedures for which you are requesting approval.	Total number of procedures performed in the past year. Numbers <u>must</u> be provided for requests to be processed.
Level IV		
Advanced exercise testing including serial measurements of: oxygen uptake, carbon dioxide production, arterial blood gases, and cardiac output during progressive exercise	<input type="checkbox"/>	
Lung compliance (with esophageal balloon for pleural pressure estimation) and pressure volume curve	<input type="checkbox"/>	
Chemosensitivity assessment, including ventilatory response to hypercapnia and hypoxia and occlusion pressure (P.1)	<input type="checkbox"/>	
Specific inhalation challenge studies	<input type="checkbox"/>	
Respiratory muscle assessment including one or more of: transdiaphragmatic pressure (P_{di}), respiratory muscle EMG, magnetometer or impedance measurement of chest and abdominal movements	<input type="checkbox"/>	
Respiratory resistance by oscillation	<input type="checkbox"/>	
In subjects under the age of 5 years: assessment of pulmonary function by impulse oscillometry, whole body plethysmography, or rapid thoracic compression	<input type="checkbox"/>	
Transcutaneous measurements of oxygen	<input type="checkbox"/>	

* Other tests for pulmonary function may be considered for accreditation upon application.