



# Application Form Certified Examiner

Certified Examiners are designated physicians not involved in the patient's care who perform independent medical examinations and provide expert opinions in regard to injuries covered by Minor Injury Regulations under Alberta's *Insurance Act*.

The Superintendent of Insurance will make the final determination as to whose names will be added to or remain on the official list of Certified Examiners. The list is posted on the Alberta Government's Department of Finance website. Therefore, please ensure the contact information you provide below is information you would want published.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

CPSA Registration #: \_\_\_\_\_

I am a specialist: No  Yes  Specialty: \_\_\_\_\_

## Declarations:

- a. I am in active clinical practice in Alberta. Yes  No
- b. My practice includes a substantial component of assessment and treatment of musculoskeletal disorders. Yes  No
- c. I have substantial experience conducting independent medical examinations (IMEs). Yes  No
- d. I have a working knowledge of the biopsychosocial model of disability. Yes  No
- e. I use established techniques and scales to assess and document the character and degree of pain experienced by patients. Yes  No
- f. I regularly refer to practice guidelines and consensus statements developed by reputable medical sources. Yes  No

- g. I have a working knowledge of the International Classification of Diseases. Yes  No
- h. I intend to follow the Diagnostic & Treatment Protocols Regulations of the *Insurance Act of Alberta* to the best of my ability. Yes  No
- i. I have a working knowledge of the College's guideline on Medical Examinations by Non-Treating Physicians (NTME's). Yes  No
- j. I acknowledge that my continuance as a Certified Examiner may in the future require participation in or successful completion of prescribed education. Yes  No
- k. I have certification in the IME process such as that available from the American Board of Independent Medical Examiners (ABIME). Yes  No

Please describe formal training to conduct IMEs.

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How many IMEs have you done in the past three (3) years?

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*The CPSA collects this information pursuant to the Minor Injury Regulation of the Insurance Act. Information in this form may be reviewed by the CPSA to verify that an applicant meets the requirements set out in Division 2 of that Regulation, and may be disclosed to the Superintendent appointed under the Insurance Act (Alberta). The CPSA will also notify the Superintendent if a physician who has been recognized as a Certified Examiner ceases to meet the requirements of this Regulation.*

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Signature

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Date

**Please forward your application to:**

Registrar Approvals  
 College of Physicians & Surgeons of Alberta  
 2700, 10020 - 100 Street NW  
 Edmonton AB T5J 0N3

Email: [allison.porter@cpsa.ab.ca](mailto:allison.porter@cpsa.ab.ca) / Phone: 780-969-4928 / Toll Free: 1-800-320-8624 ext. 4928 / Fax: 780-420-0651