

Application for Modality Approval Computed Tomography (CT) Cardiac & Coronary Level 2

APPLICANT INFORMATION

Applicant Name: _____
 Street Address: _____

 City: _____
 Telephone Number: (_____) _____
 Email: _____

CPSA Registration Number: _____
 Postal Code: _____
 Fax Number: (_____) _____
 Specialty: _____

PLEASE REVIEW THE REQUIRED EXPERIENCE AND TRAINING:

Cardiac and Coronary (Adult Medicine Only) - Level 2

You are radiologist or cardiologist licensed to practice in Alberta who has:

1. Completed a program of training in CCT through didactic teaching.
2. Completed **150** cases of ECG-gated contrast-enhanced CCT studies of which:
 - A minimum of **75** cases are coronary CTA studies where the trainee directly acquired, reconstructed, interpreted and reported on real patients (not merely research subjects) for whom an official report is subsequently placed on the permanent medical file under the mentorship of an expert CCT reader with Level III training.
 - A minimum of **75** cases are gated contrast-enhanced thoracic CT cases that may include cardiac CT or other non-cardiac thoracic CT studies, which may be directly acquired and interpreted, or in the case of cardiac CT, drawn from a case library or other teaching resource. Cardiologists will interpret cardiac CT studies. Radiologists may interpret cardiac or other gated thoracic CT studies. However: if non-cardiac gated thoracic CTs are chosen, these **MUST** be directly acquired.
 - At least **25** cases include a non-contrast CT for calcium scoring.
 - At least **25** cases are coronary CTA cases with correlation to invasive angiography. These may be acquired from a library, the original CTA dataset should be reviewed (not just pre-prepared 3D reconstructions) as well as the invasive angiography. The majority of cases from the library should be abnormal.
3. A letter from the preceptor, attesting to your competence.
4. Maintained competence through active CCT practice, continuing professional development and quality assurance of CCT.

PLEASE NOTE: Your program provider must submit documentation to confirm your training and competence before the College can process your application. Please outline training time chronologically in months.

TRAINING HISTORY:

DATE FROM (month/year)	TO (month/year)	INSTITUTION



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EXPERIENCE HISTORY:

DATE FROM (month/year)	TO (month/year)	INSTITUTION

Expected Practice Date: _____

**A physician must not provide prescribed health services unless the facility is accredited. (HPA Section 8.1)*

Applicant Signature: _____ Date _____

Please complete and return to:

ATTN: Virginia Perry, Accreditation Assistant, Diagnostic Imaging Accreditation Services
College of Physicians & Surgeons of Alberta by fax: 780-428-2712, by mail:
2700 - 10020 100 ST NW, Edmonton AB T5J 0N3 or email:
virginia.perry@cpsa.ab.ca

An incomplete application will delay approval.

Questions? Contact the College's Accreditation Department at
780-969-4997 or 1-800-320-8624 ext. 5002 (in Alberta).

Your privacy is important to us!

We collect, use and/or disclose your personal information with your consent unless otherwise authorized or required by legislation. As per our CPSA Privacy Statement, we collect and use your personal information to do our College work, which is to protect the public and to guide and regulate Alberta physicians.