

Application for Modality Approval Fluoroscopy - Non Radiologist

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:

Full Approval in Fluoroscopy (Non-Radiologist)

You are specialist licensed to practice in Alberta who has:

1. Ensured your use of fluoroscopy is adjunctive for a clinical procedure performed within the scope of your specialty training;
2. Submitted proof of proficiency with performance of fluoroscopy procedures;
3. Successfully completed a documented course of instruction including:
 - Didactic training:
 - o radiation physics
 - o radiation safety
 - o principles of ALARA
 - o techniques to optimize image quality
 - o techniques to capture, retrieve and print images
 - o documenting and analyzing fluoro-times
4. Hands-on training with specific facility equipment, and
5. Documentation that attests to the completion of the course and onsite training

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.