

Application for Modality Approval Magnetic Resonance Imaging (MRI) Cardiac

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:

These requirements apply to the scope of cardiac MRI practice including the evaluation of cardiac anatomy and function in adults and pediatric patients and evaluation of the thoracic aorta in the context of cardiac pathology. Cardiac pathology may include assessment of post-stenotic aortic dilatation, coarctation of the aorta or dissection of the thoracic aorta presenting for cardiac assessment. The intended scope of this approval does not include other vascular or thoracic imaging. Likewise, evaluation of cardiac involvement by extra-cardiac pathology such as cancer is within the domain of specialists with general MRI approval.

Although no distinction is made between interpreters and medical directors of cardiac MRI facilities, it is expected that medical directors complete more than the minimum requirements outlined below and that cardiac MRI will be a major portion of their imaging practice. Physicians currently in cardiac MRI practice will have their training and experience reviewed on a case-by-case basis to determine its equivalence to the standards below.

You are diagnostic radiologist licensed to practice in Alberta who has full approval in MRI and a minimum of three (3) months of cardiac MRI training acceptable to the College.

OR

You are cardiologist licensed to practice in Alberta who has a minimum of six (6) months cardiac MRI training acceptable to the College.

Acceptable cardiac training:

- Occurs in a training facility acceptable to the College (determined in consultation with experts in the field);
- Includes at least 50 hours of cardiac MRI coursework and supervised interpretation of at least 150 cardiac MR studies. *The studies must represent a range of abnormalities observed in practice and the trainee must perform the analysis and make the initial interpretation on least 50 of these studies*
- Is completed in no less than one month blocks over a total period of no more than two years; and
- Is completed to the satisfaction of the training facility training director who attests to the learner's preparedness to independently interpret cardiac MRI.

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. You may be required to submit a logbook.



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TRAINING HISTORY:

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

EXPERIENCE HISTORY:

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

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.