



Application for Modality Approval Nuclear Medicine - Limited

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:

Limited approval in Nuclear Medicine

** Limited approval may be granted if a position of need is established and a certified nuclear medicine specialist is not recruited after a reasonable period of time. Physicians with limited approval may practice in-vivo nuclear medicine, but practice is limited to the sites on the initial application.*

You are a certified diagnostic radiologist licensed to practice in Alberta who has:

1. Completed a minimum of one year of nuclear medicine training in a recognized teaching program, and
2. A letter from the preceptor, attesting to your competence.

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:

FROM (month/year)	TO (month/year)	

EXPERIENCE HISTORY:

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



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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.