

# Application for Modality Approval

## Perioperative Transeophageal Echocardiography for Anesthesiologists

**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:**

*Active practice* refers to performing a minimum of 100 echocardiography cases a year, or in the case of a physician limiting their practice to transesophageal echocardiography (TEE), a minimum of 60 cases a year.

|   |   |
|---|---|
| <b>You are an anesthesiologist licensed to practice in Alberta, and</b> |   |
| <input type="checkbox"/> <b>Level 2 - To perform and interpret</b>      | <ul style="list-style-type: none"> <li>Have completed a one year fellowship in cardiac anesthesia with echocardiography training, <b>or</b></li> <li>Have completed a six (6) month cumulative didactic training program in a dedicated echocardiography lab that is recognized and acceptable to the College, <b>and</b></li> <li>Have interpreted a minimum of 300 cumulative echocardiographic studies, including a minimum of 200 cumulative perioperative TEE studies personally performed, interpreted and reported</li> <li>Have completed these studies within a two (2) year time-frame</li> <li>Have successfully completed the perioperative TEE Examination</li> </ul>  |
| <input type="checkbox"/> <b>Level 3 - To perform and interpret</b>      | <ul style="list-style-type: none"> <li>Have completed a one year fellowship in cardiac anesthesia with echocardiography training, <b>or</b></li> <li>Have completed a nine (9) month cumulative didactic training program in a dedicated echocardiography lab that is recognized and acceptable to the College, <b>and</b></li> <li>Have interpreted a minimum of 450 cumulative echocardiographic studies, including a minimum of 300 cumulative perioperative TEE studies personally performed, interpreted and reported</li> <li>Have completed these studies within a two (2) year time-frame</li> <li>Have successfully completed the perioperative TEE Examination</li> </ul> |

# Application for Modality Approval Perioperative Transeophageal Echocardiography for Anesthesiologists

**Criteria used as a guide when reviewing requests for Echocardiography:**

- Original training;
- Training program content, including these expectations:
  - ◆ Facility is affiliated with a university,
  - ◆ Facility workload (volume and caseload),
  - ◆ Review of submitted logbook of cases
- Preceptor credentials and details in the letter attesting to satisfaction with the applicant’s abilities;
- **\*\*Current guidelines, recommendations and examinations championed by the cardiovascular section of the Canadian Anesthesiologists’ Society (CAS), the Canadian Society of Echocardiography (CSE), and the Canadian Cardiovascular Society (CCS).**

**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 |
|------------------------|-----------------|-------------|
|                        |                 |             |
|                        |                 |             |
|                        |                 |             |

**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)**

# Application for Modality Approval Perioperative Transeophageal Echocardiography for Anesthesiologists

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.