cpsa
COLLEGE OF PHYSICIANS
& SURGEONS OF ALBERTA

Application for Modality Approval
Nuclear Medicine - Restricted

APPLICANT INFORMATION

Applicant Name:_______________________________________ CPSA Registration Number: ________________
Street Address:_______________________________________ Postal Code:______________________________
____ Fax Number: (____)_________________________
City:____
Telephone Number: (______)____________________________ Specialty:_______________________________
Email:____

PLEASE REVIEW THE REQUIRED EXPERIENCE AND TRAINING:

Restricted approval in Nuclear Medicine
** Restricted to a specialized area such as Cardiac or Pediatric Nuclear Medicine*

You are a physician licensed to practice in Alberta who has:

1. Completed 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**

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.