

Application for Modality Approval Positron Emission Tomography

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:

Approval in Positron Emission Tomography (PET)

You are licensed to practice in Alberta and have:

1. Approval in nuclear medicine (required certification in nuclear medicine from the Royal College of Physicians and Surgeons of Canada)
2. An active nuclear medicine practice with a substantial proportion of your nuclear medicine studies in Alberta
3. A working knowledge of CT anatomy
4. Completed approved instruction* in PET that included several days of didactic education followed by the supervised interpretation of a minimum of 200 live cases. * *Approved instruction is completed within a 12 month period in a facility that provides a broad spectrum of PET studies (such as full body PET for medical oncology). Instruction is supervised by a preceptor peer recognized as an expert in PET imaging.*

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.