

# Application for Modality Approval

## Ultrasound: Restricted Cardiologists for Carotid Doppler

### 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 Ultrasound cases/year.*

<b>Restricted Ultrasound for Cardiologists Carotid Doppler</b>	<b>You are licensed to practice in Alberta and have:</b>
	<ul style="list-style-type: none"> <li>• College Approval in Echocardiography</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• Successfully performed and interpreted a minimum of <b>200 carotid Doppler studies</b> under the direct supervision of a College approved physician in cardiac ultrasound</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• Equivalent qualifications, in a facility acceptable to the Committee as meeting university level training standards for these guidelines.</li> </ul>

**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

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**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.