

Application for Modality Approval

Ultrasound: Restricted Urologists (Prostatic Ultrasound)

APPLICANT INFORMATION

Applicant Name: _____
 Street Address: _____

 City: _____
 Telephone Number: (_____) _____
 Email: _____

CPSA Registration Number: _____
 Postal Code: _____
 Fax Number: (_____) _____

PLEASE REVIEW THE REQUIRED EXPERIENCE AND TRAINING:

**Active practice refers to performing a minimum of 100 Ultrasound cases/year.*

Restricted Ultrasound for Ultrasound for Urologists (Prostatic Ultrasound)	You are licensed to practice in Alberta and have:
	<ul style="list-style-type: none"> • Completed a minimum of one (1) month of full-time training in prostate gland ultrasound imaging • Completed and documented a minimum of 80 studies, at a tertiary care teaching ultrasound centre recognized and acceptable to the College, and • A letter from the preceptor attesting to your competence and completion of training

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 Marshall, 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.marshall@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.