

Cardiac Exercise Stress Testing **Application to Interpret**

(Please Print)

CPSA Registration Number:	
Last Name:	Given/First Names:
Street Address:	
City:	
Telephone Number: ()	Fax Number: ()
E-mail Address:	
1. I am a specialist in: Cardio	logy
I am applying for: Directo	or Interpreter
Does testing include pharmacological stres • Evidence of training and/or experience	
(Cardiologists may proceed to # 4)	

2. If not a Cardiologist, please review the required experience and training:

	Medical Director	Interpreter	
Ou	Qualified and approved by the College to CEST supervise and interpret cardiac exercise stress testing.	Be approved by the College to interpret ECG's.	
		Current ACLS certification.	
CEST		Minimum two weeks full-time participation with direct involvement in 100 CEST studies, under the supervision of a specialist in	
		cardiology or a specialist in internal medicine with a faculty appointment.	

3. My training in cardiac stress testing is as follows:

Institution	Dates	
	From (Month/Year)	To (Month/Year)



5.

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Documents required with this application:

- A copy of current ACLS certification.
- A letter confirming training and competence from the program provider.
- Confirmation of successful completion of ECG exam.
- 4. My training in cardiac exercise stress testing is as follows:

Institution	Dates	
	From (Month/Year)	To (Month/Year)

Expected Practice Start Date:		
Privacy Notice: The College of Physicians & Surgeons of information with your consent or as authorized or requistatement. We collect and use your personal information specifically protect the public and to guide and regulate	red by law and in accordanc on in order to support the bu	e with our Privacy
Applicant Signature:	Date:	

Please return your completed application and required documents (together as one package) to the College of Physicians & Surgeons of Alberta by fax: 780-428-2712 or by mail: 2700 - 10020 100 ST NW, Edmonton AB T5J 0N3