

APPLICANT INFORMATION (Please Print)

CPSA Registration Number: _____

Last Name: _____ Given/First Names: _____

Street Address: _____

City: _____ Postal Code: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

E-mail Address: _____

Physicians supervising HBO therapy shall:

- a. Have completed at a minimum, a 40-hour course approved by the Undersea & Hyperbaric Medical Society. A record of completion of the course of training shall be kept on file in the facility;
- b. Be certified specialists in anesthesiology or maintain a current certificate in Advanced Cardiac Life Support (ACLS);
- c. Be licensed to practice in Alberta.

1. I have enclosed evidence of:

- a. Training and competence as listed above.

(Note: This evidence of training and competence is required.) Yes No

- b. Current ACLS Yes No

2. **Expected Practice Start Date:** _____

Privacy Notice: The College of Physicians & Surgeons of Alberta collects, uses and/or discloses your personal information with your consent or as authorized or required by law and in accordance with our Privacy Statement. We collect and use your personal information in order to support the business of the College, specifically protect the public and to guide and regulate our members.

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