

APPLICANT INFORMATION (Please Print)

CPSA Registration Number: _____

Last Name: _____ Given/First Names: _____

Street Address: _____

City: _____ Postal Code: _____

Telephone Number: (_____) _____

E-mail Address: _____

- 1. Degree and Specialty:** Respiriology (adult or pediatric) Internal Medicine
 Anesthesia Pediatrics

2. I am applying for the following: (Complete Appendix A)

	Director	Interpreter
Level II	<input type="checkbox"/>	<input type="checkbox"/>
Level III	<input type="checkbox"/>	<input type="checkbox"/>
Level IV (Respirologists Only)	<input type="checkbox"/>	<input type="checkbox"/>

3. If not a Respirologist, please review the required experience and training:

Level	Medical Director	Interpreter
Level II	One month training in a laboratory which performs 500 Level III studies annually.	One month training in a laboratory which performs 500 Level III studies annually.
Level III	Six months training in a Level IV pulmonary function laboratory which performs 500 studies annually.	Three months training in a laboratory which performs 500 Level III studies annually.

4. My *training* in pulmonary function testing is as follows:

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

4. I have enclosed a letter confirming training and competence from the program provider: Yes

(Note: Evidence of training and competence must be submitted from your training supervisor).

5. My *experience* in pulmonary function testing includes:

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

Privacy Notice: CPSA 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 CPSA, specifically protect the public and to guide and regulate our members.

Applicant Signature: _____

Date: _____

APPENDIX A – PULMONARY FUNCTION PROCEDURES

Testing Level	Check those procedures for which you are requesting approval	Total number of procedures performed in the past year. Numbers <u>must</u> be provided.
Level II		
Vital capacity (VC)	<input type="checkbox"/>	
Timed vital capacity	<input type="checkbox"/>	
Forced expiratory volume in the first second (FEV ₁) (before and after bronchodilator)	<input type="checkbox"/>	
Forced vital capacity (FVC) (before and after bronchodilator)	<input type="checkbox"/>	
FEV ₁ /FVC (before and after bronchodilator)	<input type="checkbox"/>	
Inspiratory & expiratory flow volume loop (before and after bronchodilator)	<input type="checkbox"/>	
Level III		
Arterial blood gases/Co-oximetry	<input type="checkbox"/>	
Oxygen saturation (pulse oximetry) with quantified exercise	<input type="checkbox"/>	
Lung volumes by gas dilution technique or nitrogen washout, or body plethysmography	<input type="checkbox"/>	
Carbon monoxide diffusion capacity	<input type="checkbox"/>	
Non-specific inhalation challenge - methacholine or histamine	<input type="checkbox"/>	
Inspiratory pressure (P _{Imax}) and maximal expiratory pressure (P _{Emax})	<input type="checkbox"/>	
Progressive exercise test with two or more workloads with measurement of heart rate, ventilation and oximetry	<input type="checkbox"/>	

Services:	Check those procedures for which you are requesting approval	Total number of procedures performed in the past year. Numbers <u>must</u> be provided.
Level IV		
Cardio Pulmonary Exercise Testing	<input type="checkbox"/>	
In subjects under the age of 5 years: assessment of pulmonary function by impulse oscillometry, whole body plethysmography, or rapid thoracic compression	<input type="checkbox"/>	

* **Please contact us if you have other procedures you wish to perform, e.g. specific inhalation challenges.**

Note:

The completed application and required documents should be submitted to CPSA together as one pdf to: pft@cpsa.ab.ca.