

# Application for Modality Re-Approval Computed Tomography (CT) Re-Approval

## 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 100 CT cases/year.*

	Out of Active Practice for the last <b>TWO</b> years	Out of Active Practice or the last <b>FIVE</b> years
<b>Re-Approval in Computed Tomography</b>	You must complete a minimum of <b>one (1)</b> month retraining at an accredited CT facility and provide a letter from the preceptor attesting to your completion and competence.	You must complete a minimum of <b>three (3)</b> months retraining at an accredited CT facility with 300 cases and provide a letter from the preceptor attesting to your completion and competence.

**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

## EXPERIENCE HISTORY:

DATE FROM (month/year)	TO (month/year)	INSTITUTION

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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 re-approval.**

**Questions?** Contact the College's Accreditation Department at  
780-969-4997 or 1-800-320-8624 ext. 5002 (in Alberta).

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## 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.