

**APPLICANT INFORMATION** (Please Print)

CPSA Registration Number: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Given/First Names: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

1. I am a specialist in:       Cardiology                       Other: \_\_\_\_\_  
 I am applying for:         Director                               Interpreter
- Does testing include pharmacological stress testing?     Yes     No
- Evidence of training and/or experience with this technique.

**(Cardiologists may proceed to # 4)**

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

	Medical Director	Interpreter
CEST	Qualified and approved by the College to supervise and interpret cardiac exercise stress testing.	Be approved by the College to interpret ECG's.
		Current ACLS certification.
		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)

**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)

5. **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