

**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 applying for:  **Interpreter** (6 months full-time EMG training or Equivalent training completed within 2 years)

**Director** (Current Approval to Interpret)

2. I am a specialist in:

Neurology (adult or pediatric)

Neurosurgery

Physical Medicine and Rehabilitation

Pediatrics (with extra training in Neurology, suitable to Council)

3. I have obtained certification in EMG with the Canadian Society of Clinical Neurophysiologists (CSCN) or equivalent. (Please provide evidence.) Yes  No

4. I completed my training in \_\_\_\_\_ (Month/Year)

5. My training is as follows:

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



6. I have enclosed a letter confirming training and competence from the program provider.

**(Note: This evidence of training and competence is required.)**

Yes

No

7. My experience is as follows:

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

8. **Expected Practice Start Date:** \_\_\_\_\_

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**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