



Assessor Demographics Form

Name: _____ Email Address: _____

Work Phone Number: _____ Cell Phone Number: _____

Place of Employment (e.g. U of A, Grey Nuns): _____

Name of Employer (e.g. AHS, Covenant, DL): _____

Location of Employment (e.g. Calgary, Edmonton, Vancouver): _____

Qualifications (e.g. MD, PhD, MLT): _____

Scope of expertise (check all that apply):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Anatomic Pathology | <input type="checkbox"/> Chemistry | <input type="checkbox"/> Cytopathology | <input type="checkbox"/> Flow Cytometry |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Hematology | <input type="checkbox"/> LIS | <input type="checkbox"/> Microbiology |
| <input type="checkbox"/> Molecular Diagnostics | <input type="checkbox"/> Pre-examination | <input type="checkbox"/> POCT | <input type="checkbox"/> QMS |
| <input type="checkbox"/> Safety | <input type="checkbox"/> Semen Analysis | <input type="checkbox"/> Toxicology | <input type="checkbox"/> Transfusion Medicine |
| <input type="checkbox"/> Urinalysis | | | |

Dietary restrictions: _____

Please complete and return 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
or email laurel.wilson-perry@cpsa.ab.ca

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