



Canadian Society of Clinical Neurophysiologists APPLICATION FOR CSCN EEG EXAMINATION

All items on this application form must be filled out, even if only with one word "none" or "not applicable"
TYPE OR PRINT LEGIBLY IN BLACK INK

Name	First Name	Middle Name
Institution	Department	
Address	City/Province	Postal Code
Telephone	Extension	E-Mail

The written and oral components of this examination will be offered in English and French. Please indicate which language you require (Note: You must select ONE at the time of your application; you cannot change your selection at the time of the examination). ENGLISH FRENCH

MEDICAL TRAINING _____
Medical School Years Attended

POST GRADUATE MEDICAL TRAINING:

	<u>HOSPITAL</u>	<u>LOCATION</u>	<u>DATES</u>	<u>SPECIALTY</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____

OTHER: _____

<u>DEGREES HELD</u>	<u>DATES AWARDED</u>	<u>INSTITUTION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

FORMAL ELECTROENCEPHALOGRAPHIC TRAINING:

<u>LOCATION</u>	<u>TRAINING DIRECTOR</u>	<u>DATES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

NUMBER OF RECORDS INTERPRETED PER YEAR DURING TRAINING: _____

Total Full-Time Training	-Residency	-Post Residency
Other Formal EEG Training		

EXPERIENCE IN EEG POST-TRAINING (IF ANY):

LOCATION

DATES

RECORDS INTERPRETED/YEAR

CURRENT HOSPITAL AND/OR UNIVERSITY POSITIONS:

ROYAL COLLEGE FELLOWSHIP:

Specialty _____ Date _____

Specialty _____ Date _____

CERTIFIED IN EEG IN THE PROVINCE OF QUEBEC (*attach copy of diploma*)

_____ No _____ Yes _____ Year _____

SPECIALTY PROGRAM DIRECTOR VERIFICATION:

PROGRAM DIRECTOR: _____

If formal EEG training was obtained at more than one location, the program director at each must be listed. When completed, the director should return the attached form directly to our office. These letters should confirm that training indicated on this application has been completed.

EEG TRAINING DIRECTOR VERIFICATION:

EEG PROGRAM DIRECTOR: _____

If formal EEG training was obtained at more than one location, the program director at each must be listed. When completed, the director should return the attached form directly to our office. These letters should confirm that training indicated on this application has been completed and indicate suitability for taking the CSCN examination.

\$800.00 (NON-REFUNDABLE)

Includes: Application fee \$400.00 / Exam fee: \$400.00

PLEASE RETURN THE COMPLETED APPLICATION WITH YOUR PAYMENT AND A RECENT PICTURE (PASSPORT SIZE) DATED AND SIGNED TO:

DR. PAOLO FEDERICO, EXAMINING COMMITTEE, CSCN
C/O CANADIAN NEUROLOGICAL SCIENCES FEDERATION
709, 7015 MACLEOD TRAIL SW, CALGARY, ALBERTA T2H 2K6

Date

Signature

