

EMG Examination Application - 2025

CSCN EMG EXAMINATION APPLICATION

1. Contact information *

First Name

Last Name

Institution

Street Address

Apt/Suite/Office

City

Province

Country

Email Address

Phone Number

2. Date of Birth (yyyy-mm-dd) *

3. List food allergies or accommodations:

4. Language: *

	EN	FR	Both EN/FR
OSCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waveform	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MCQ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Do you require an interpreter for the OSCEs? *

- YES
- NO


Medical Training

6. Medical
School:

7. Date Started (yyyy-mm-dd) *

8. Date Completed (yyyy-mm-dd) *

9. Upload copy of diploma: *

Browse...

Specialty Training

10. **Specialty Training** *

Specialty

University

Year Diploma Obtained/Expected

11. Upload Medical Specialty Certificate **OR** a letter from your Program Director *

Browse...

EMG Training

12. Locations *

Location 1

Training Director

Dates

Location 2

Training Director

Dates

Location 3

Training Director

Dates

13. Details on Your EMG Experience & Current Appointment *

DOCUMENTS REQUIRED TO SIGN AND SUBMIT

14. Recent Picture (passport size dated and signed)

Browse...

15. Download the "Signed Confidentiality Agreement" here. Upload Signed Confidentiality Agreement

Browse...

16. Payment method: *

- by credit card via this link: <https://buy.stripe.com/dR615Z0j72y32AgblO>
- eTransfer \$2,100 CAD to accounting@cnsf.org

17. Upload Proof of Payment *

Payment must be made upon submission of application. If ineligible to write the exam, a full refund will be processed.

Browse...

18. Have you completed your training?

- YES
- NO

19. Upload the completed "Confirmation of EMG Training Signature Form". *

Download the "Confirmation of EMG Training Signature Form" [here](#).

Browse...

20. Approximate date you will send the completed form to emgexams@eventsmgt.com: *

Download the "Confirmation of EMG Training Signature Form" [here](#).

21. PGY4s ONLY - Upload Program Director Letter

Browse...