

# EMG Examination Application - 2026

## CSCN EMG EXAMINATION APPLICATION

---

### Page description:



### Canadian Society of Clinical Neurophysiologists APPLICATION FOR CSCN EMG EXAMINATION

All items on this application form must be filled out, even if only with one word **"none"** or **"not applicable"**. **If a form you are uploading is incomplete, please upload a blank word document that indicates the date of your completion of training so that we know when to anticipate the final documents.**

To assure and maintain a high standard of competence in clinical electroencephalography and electromyography across Canada, the Canadian Society of Clinical Neurophysiologists (CSCN) conducts an annual examination in EEG and EMG and related subjects for those eligible physicians entering EEG or EMG practice who elect to take it. Successful candidates will be given a certificate by the CSCN and will automatically be eligible for Active membership in the Society. The Provincial Licensing Bodies and the Royal College of Physicians and Surgeons of Canada have been informed of this examination and of the objective of the CSCN to maintain high standards in the practice of Clinical Neurophysiology in Canada.

<b>DATE</b>	<b>Saturday, May 23, 2026</b>
<b>LOCATION</b>	Calgary
<b>APPLICATION DEADLINE</b>	February 15, 2026
<b>FEE</b>	\$2100

<b>ELIGIBILITY</b>	<p>Candidates must have an FRCPC or equivalent certificate from the USA (or be senior residents in the 4<sup>th</sup> or 5<sup>th</sup> year of an approved training program leading to certification) in: Physical Medicine &amp; Rehabilitation or Neurology (adult or pediatric)</p> <p>Candidates from overseas may be excused the certification requirement above if they are currently eligible to practice as a specialist in Canada in PM&amp;R or Neurology, or if they are current fellows in a neuromuscular fellowship program in Canada.</p> <p>Due to limited exam capacity preference will be given to senior residents in their 5<sup>th</sup> year of training or those who have completed training. Those in the 4<sup>th</sup> year of training will be accepted on a space available basis.</p>
<b>FORMAT</b>	Written Exam, OSCE (stations) and waveform analysis.

**FOR FURTHER INFORMATION CONTACT:** [emgexams@eventsmgt.com](mailto:emgexams@eventsmgt.com)

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

## 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:

## Language:

The written and oral components of this examination will be offered in English and French.

Please indicate which language you require (Note: You cannot change your selection at the time of the examination.)

**It is very important that you select the language that you prefer to be tested for ALL components.**

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

---

**Page description:**

You will be prompted to upload a copy of your Diploma

6. Medical

School:

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



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



9. Upload copy of diploma: \*

Browse...

## Specialty Training

---

**Page description:**

You will be prompted to provide copy of your Medical Specialty Certificate OR a letter from your Program Director

## 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

---

### THE FOLLOWING ARE REQUIRED

1. EMG Exam Fee
2. Recent Picture (passport size dated and signed)
3. Copy of Medical Diploma
4. Copy of Medical Specialty Certificate
5. Letter from Program Director stating specialty eligibility if in final year of training
6. Confirmation of EMG Training (to be filled out and sent by Training Director ONLY IF TRAINING IS COMPLETE). **If training is not completed, send as soon as it is and prior to the examination date.**
7. Signed Confidentiality Agreement
8. **PGY4 applicants are required to submit a letter, from their program directors, indicating why it's important that the candidate take the exam early.**

### 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](mailto: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...

## Confirmation of EMG Training

All candidates must submit confirmation of their EMG training, even if the training is incomplete. If training is still in progress, applicants must provide details on when the next block of EMG training is expected. This confirmation must be signed by the EMG rotation director.

Additionally, candidates must meet the requirement of completing a minimum of 400 studies, with at least 150 being of moderate to high complexity, covering a full range of neuromuscular diseases during training. The EMG rotation director must sign off on this requirement.

**Failure to submit this form will result in an incomplete application.**

## 18. Have you completed your training?

- YES
- NO



19. Indicate when we will receive for complete and signed COT. (The month and day your training is completed\_

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

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

Browse...

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

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

**PGY4 applicants are required to submit a letter, from their program directors, indicating why it's important that the candidate take the exam early.**

**22. PGY4s ONLY - Upload Program Director Letter**

Browse...

(untitled)

---

Action: Review

New Review

## Thank You!

---

Thank you for your submission. It will be reviewed to ensure all items are in order. A letter verifying your acceptance will be issued once the review is complete. You must submit all completed documents before writing the examinations.

If you no longer intend to sit the examination, please let us ASAP so that we remove you from the system and open your seat to those on the waitlist.

Warm Regards,

Heather

Heather Dow CAE, CPhT | Exam Management & Onsite Logistics Coordinator  
Canadian Examinations Electromyography (EMG)  
613-507-0480 | [www.emgexams.com](http://www.emgexams.com) | [emgexams@eventsmgt.com](mailto:emgexams@eventsmgt.com)

2026 EMG Examination Application

**To:** , ([question("value"), id="15"],[emgexams@eventsmgt.com](mailto:emgexams@eventsmgt.com))

**From:** EMG ([noreply@alchemer.com](mailto:noreply@alchemer.com))

**Subject:** 2026 EMG Examination Application