

EMG Examination Application - 2027

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.

DATE	Saturday, May 15, 2027
LOCATION	Calgary
APPLICATION DEADLINE	February 15, 2027
FEE	\$2100

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

FOR FURTHER INFORMATION CONTACT: emgexams@eventsmgt.com

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

Download the Confidentiality Form [Here](#).

1. Contact information *

First Name

Last Name

Institution

Street Address

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	☐	☐	☐
Waveform	☐	☐	☐
MCQ	☐	☐	☐

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

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/00w5kC5jJ2iR39Nbuj00001>
- ☐ eTransfer \$2,100 CAD to cscn@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. What is your anticipated training completion date?



19. Upload the signed "Confirmation of EMG Training Form". *

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

Browse...

20. PGY4s ONLY - Upload Program Director Letter

Browse...

(untitled)

Action: Review

New Review

Thank You!

2027 EMG Examination Application

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

From: EMG (noreply@alchemer.com)

Subject: 2027 EMG Examination Application