

Confidentiality Agreement

CSCN EMG Examination

Read the agreement, enter your name, and sign. Save the completed PDF and submit the signed form as instructed.

1 Confidentiality and examination conduct

I acknowledge that, as a candidate for the Canadian Society of Clinical Neurophysiologists (CSCN) EMG Examination, I have access to examination content and information that must remain confidential. I agree to protect this confidentiality before, during, and after the examination, including any discussions related to examination content.

I understand that candidates must not use or have in their possession electronic, recording, storage, or communication devices from initial registration until sign-out at the end of the examination day. These include smartphones, smartwatches, smart glasses, earbuds or headphones, tablets, laptops, cameras, audio recorders, USB drives, and similar devices. I understand that any candidate found using or possessing a prohibited device during this period will be expelled from the examination.

I understand that my obligation to maintain confidentiality has no expiration date.

I acknowledge that a violation of this Agreement may result in failure of the examination, expulsion from the examination, revocation of CSCN certification, or other penalties.

2 Candidate name and signature

Print name

Signature

Digitally sign in Adobe Acrobat Reader, or print and sign by hand.