



Application for Membership

Last Name: _____ First name: _____

1. Office/Hospital Address: _____

Tel: _____ Fax: _____

E-mail: _____

2. Home Address: _____

Tel: _____ Fax: _____

E-mail: _____

Please indicate:

Preferred Mailing Address:

Address 1

Address 2

Preferred Email Address:

Address 1

Address 2

Supporting Signatures

We require the names and signatures of two Active CSCN Society members in support of your application.

1. Proposed by: _____ Signature _____

Please Print

Active Member of CSCN

Date: _____

2. Proposed by: _____ Signature _____

Please Print

Active Member of CSCN

Date: _____

MEDICAL EDUCATION

Medical School: _____ Year of Graduation: _____

Degree: _____ Province of Licensure: _____ Date: _____

Education in Clinical Neurophysiology, EEG or EMG

Institution:	From:	Until:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Post-Graduate Education:

List all appointments held (include dates):

Appointments:	Date:
_____	_____
_____	_____
_____	_____

Appointments in EEG or EMG:

List nature and dates of appointments held in clinical neurophysiology, and the number of EMG and EEG interpretations performed per year.

Nature of appointments	Date	Number/Year
_____	_____	_____
_____	_____	_____

All potential new members should submit their training qualifications in EEG and/or EMG along with a letter from the Program Director confirming their training.

Hospital Staff Appointments (Past and present, include dates):

Appointments	Date
_____	_____
_____	_____
_____	_____
_____	_____

University Teaching Appointments (Past and present, include dates):

Appointments	Date
_____	_____
_____	_____
_____	_____

Other Scientific or Medical Degrees, Fellowships or diplomas:

List university, granting body, dates, etc.

Description	Date
_____	_____
_____	_____
_____	_____

**Membership in the Society shall be limited to
those interested in furthering the objects of the Society**

MEMBERSHIP CATEGORIES

**We will bill you for membership fees once your application is approved.
Do not send money now.**

ACTIVE MEMBER

Annual fee \$380 (Canadian), includes subscription to the *Canadian Journal of Neurological Sciences*.

(Choose Clinical or Research)

Clinical Are physicians who shall have:

- FRCP(C) in neurology, pediatric neurology, Physical Medicine & Rehabilitation Specialty (PM&R) or a related specialty, or an FRCS(C) or equivalent diploma in neurosurgery or orthopedics, or a PhD degree in a basic sciences area related to the field of testing performed.
- Successfully passed their respective CSCN exam in EEG and/or EMG.

Research

- Applicants will have distinguished themselves by scientific contributions to the basic scientific aspects of EEG, EMG or clinical neurophysiology and will normally hold an MD or PhD degree or their equivalent. A CSCN exam in EEG/EMG is not required.

ASSOCIATE MEMBER

Annual fee \$200 (Canadian), includes subscription to the *Canadian Journal of Neurological Sciences*.

- Applicants have an MD or PhD degree or their equivalent, and are electroencephalographers, electromyographers or clinical neurophysiologists who are engaged in the practice of clinical EEG, EMG or clinical neurophysiology or in electroencephalographic, electromyographic or clinical neurophysiological research but who do not meet the criteria for Active membership.

Protection of Privacy Information

The CNSF complies with the principles of the Personal Information Protection and Electronic Documents Act (PIPEDA). We will use the personal information collected on this form for processing your membership application. On its approval, unless you advise the secretariat office otherwise, we will use your contact information to: disseminate society information, conduct society business and include in the CNSF membership directory. We do not sell or rent our lists for financial gain. Other information provided on or with this form will be filed with the secretariat office.