

**THE ASSOCIATION OF ELECTROMYOGRAPHY
TECHNOLOGISTS OF CANADA**

Application for membership
(please type in the spaces provided)

NAME & EMAIL:

HOME ADDRESS:

EMPLOYER AND WORK ADDRESS:

TELEPHONE: a) Home

b) Work

CORRESPONDENCE TO BE ADDRESSED TO:

ACADEMIC BACKGROUND: Please include some details such as areas of specialization, (expected) date of completion.

High school graduate:

University degree(s):

College diploma(s):

Technical Institute(s):

Other:

AFFILIATIONS:

Are you currently certified, registered or licensed by another professional association:

If YES, please give name of association, and title or position you hold in it:

EXPERIENCE IN ELECTRODIAGNOSTIC PROCEDURES

A) EMPLOYMENT HISTORY

EMPLOYER'S NAME AND ADDRESS

DATES EMPLOYED

From

To

B) YOUR CURRENT TITLE:

C) HAVE YOU HAD ANY OTHER PRACTICAL TRAINING AND EXPERIENCE IN ELECTRODIAGNOSIS?

D) ESTIMATE THE NUMBER OF INDIVIDUALS ON WHOM YOU DO (HAVE DONE) NERVE CONDUCTION STUDIES,

(i) monthly

(ii) career total

E) LEVEL OF RESPONSIBILITY (please check YES or NO)

(i) do advanced NCS* without supervision

(ii) do advanced NCS* with supervision

(iii) do basic NCS without supervision

(iv) do basic NCS with supervision

(v) assist physician or another technologist

*advanced NCS: please summarize which tests you consider "advanced":

F) Have Any Other Clinic/Laboratory/Office Duties?

SIGNATURE

DATE