

Application for Practice Eligibility Route to Certification for Subspecialists (PER-sub)

Candidates pursuing this route to the subspecialty examination must meet the eligibility criteria & belong to one of the two cohorts.

Eligibility Criteria

- Royal College certification in a primary specialty that is the entry route to the subspecialty
- Proof of a valid, unrestricted license to practice in Canada
- A scope of practice that meets the criteria set out by and acceptable to the discipline's specialty committee
- Attestation by 2 referees of the physician's scope and quality of his/her practice
- Registration in the Royal College Maintenance of Certification Program (MOC)

Cohort 1

- At the time of applying applicants must be in practice for a minimum of 5 years in Canada in the subspecialty
 - The last two years of practice must have been in a continuous practice location in Canada
- Current practice includes a significant component in Interventional Radiology. This may include research, education, clinical and administrative functions.

Cohort 2

- At the time of applying applicants must be in practice for a minimum of 1 year and a maximum of 5 years in Canada in the subspecialty
 - A minimum of one year must be in a continuous practice location
- Confirmation of successful completion of training that is equivalent in length to the requirements set out in the subspecialty's Specialty Training Requirements. Training must be:
 - Unaccredited training registered with a Canadian university postgraduate medical education office
OR
 - ACGME accredited
OR
 - Completed in one of the Royal College's 29 approved jurisdictions
- Current practice includes a significant component in Interventional Radiology. This may include research, education, clinical and administrative functions.

*****Those with training and practice outside of the specified requirements may be considered by the Specialty Committee on a case by case basis*****

Please send your completed forms to:

Postal address:

Royal College of Physicians and Surgeons of Canada
Credentials Unit
774 Echo Drive
Ottawa, ON
K1S 5N8

Email: persub@royalcollege.ca

Fax: 613-730-3707

Please attach the following documents to your application:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Copy of your CV |
| <input type="checkbox"/> | Proof of licensure in a Canadian province |
| <input type="checkbox"/> | Proof of training in the subspecialty as well as details of the training rotations
(for those applying through cohort 2) |

Important information:

- The **deadline** to submit your application for certification via the Practice Eligibility Route for Subspecialists is August 31st of the year before you wish to be examined.
 - [Click here](#) for a list of current assessment fees
 - Should you submit your application after the deadline, you will be subject to a non-refundable [late penalty fee](#)
- Please ensure that you have reviewed the criteria before submitting your application

Credit Card Authorization Form

ONE TIME USE ONLY

I authorize the Royal college to charge the non-refundable assessment fee to my credit card for the amount indicated.

NAME OF APPLICANT: _____
(PLEASE PRINT)

Amount \$

Mastercard _____ Visa _____ American Express _____

Card Number: _____

Expiry Date (MM/YY): _____ / _____

CVV: _____

Cardholder's name: _____
(PRINT CLEARLY)

Cardholder's signature:

***Please note: The Royal College will charge the credit card in Canadian dollars.*

Royal College use only

ID number: _____

Specialty Name : _____

Specialty Code: _____

Financial Rev Code: _____

Agent initials: _____

Declaration – Form C

All personal, biographical and academic information relating to your training is confidential and is provided for the recognized legitimate use by the officers and staff of the Royal College.

The Royal College may receive and exchange any and all information, which may be requested relative to my training history, credentialing, examination eligibility, scope and competencies in practice from my Chief of Staff, Head of Department or any other supervisor to whom I report in a Canadian institution; the Medical Regulatory Authority in the Canadian province in which I practice; and any and all institutions where I undertook my postgraduate medical education training.

I understand that any misinformation in this application or in any document at any time, provided by me in support of my application, may lead to refusal of my application or withdrawal of eligibility previously granted.

I agree to abide by the decisions of the Royal College of Physicians and Surgeons of Canada.

Signature _____ Date _____

DEFINITION OF A SCOPE OF PRACTICE:

- i) Every physician’s scope of practice is unique.
- ii) A physician’s scope of practice is determined by the patients the physician cares for, the procedures performed, the treatment provided, and the practice environment.
- iii) A physician’s ability to perform competently in his or her scope of practice is determined by the physician’s knowledge, skills and judgment, which are developed through training and experience in that scope of practice.

Identification:

Surname:

Given name:

1. How many years have you been practicing in Interventional Radiology?

2. How many hours per week and as a percentage of your clinical time do you spend in Interventional Radiology Activities (including non vascular imaging, assessing patients in a clinic or office setting)? Please provide details (ie. pre-procedure, post-procedure)

3. Subspecialty training in Interventional Radiology

Provide a detailed account of your procedural training: (please provide a copy of any procedure log)	Training (Y/N)	Cases performed (estimated)
Percutaneous access -		
arteries/veins		
biliary tract		
genitourinary tract		
gastrointestinal tract		

Fluid collections/abscesses/body cavities/spaces		
Percutaneous image-guided biopsies		
Angioplasty and balloon dilation		
Vascular stenting and stent grafting		
Non vascular stenting		
Treatment of occlusions/thrombosis, including but not limited to fibrinolysis		
Embolization		
Ablation of tumours, organs and cavities		
Vena Cava filter insertion and retrieval		
Foreign body retrieval		
Pain management procedures		
Other (provide details on a separate sheet)		

Please provide details of any scholarly research projects during your training:

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Scope of training in Diagnostic Radiology subjects relevant to Interventional Radiology

i. Provide details of non-procedural aspects of your Interventional Radiology fellowship:	Training (Y/N)	Weeks (estimated)
Non-invasive vascular imaging		
Cross-sectional imaging -		
thoracic		
abdomen and pelvis		
musculoskeletal		
neurological		
Outpatient clinic experience		

Clinical rotations, e.g. surgery, ICU, etc (provide details on a separate sheet)		
Other (provide details on a separate sheet)		
ii. If your training in Interventional Radiology did not include any training as described above, did your Diagnostic Radiology residency provide rotations in the following:	Training (Y/N)	Weeks (estimated)
Non-invasive vascular imaging		
Cross-sectional imaging -		
thoracic		
abdomen and pelvis		
musculoskeletal		
neurological		
Clinical rotations (provide details on a separate sheet)		
Other (provide details on a separate sheet)		

4. Current scope of practice

Please indicate how many procedures/cases for each modality/body part/system you have performed over the last 12 months:	Fluoroscopy (Angiography)	CT/ CTA	MR/ MRA	Ultrasound
Thoracoabdominal aorta				
Abdominal mesenteric vessels				
Carotid arteries				
Peripheral arteries				
Angioplasty/balloon dilation				
Vascular stenting				
Vascular access procedures				
Treatment of vascular occlusions/thrombosis				
Embolization				
Venous interventions, including dialysis				
IVC filter insertions/retrievals				
Ablation of tumours/organs				
Foreign body retrieval				
Biliary tract interventions				
GI tract interventions				
Genitourinary interventions				
Image guided biopsies				
Abscess or body cavity drainages				

Pain management procedures				
Advanced musculoskeletal interventions (e.g. vertebroplasty, kyphoplasty)				
Other (provide details on a separate sheet)				

Please provide a detailed account of your practice since finishing training

Dates	Practice Setting / Location	Role and Clinical Duties

Please indicate the 10 most frequently performed interventional procedures that you have performed over the past 12 months

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Do you provide on call for Interventional Radiology? If so, indicate the frequency

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Please indicate the percentage of your patients

Elective (outpatient)	
Emergency/trauma	
Oncology	
Pediatric	

Outline your administration duties (if any)

Provide details of your current research and scholarly activities

Provide details of any activities in advocacy, policy and public health, and/or community outreach



Route:	Practice Eligibility Route to Certification for Subspecialists (PER-sub)
Form E:	Referee Verification (RV) – Interventional Radiology

Please provide the names of individuals who have knowledge of your professional practice. They will be contacted and asked to provide feedback on your practice. (*i.e.: chief of staff, head of department etc.*)
A release of information form for each of your referees must be appended to this form (see Form F).

Applicant Identification:

Surname: _____

Given name: _____

A: Identification of Referee #1

Title/ Position: Dr. Dr Dre

Name: _____

Contact Information for Referee #1

_____ Apt no. _____

_____ Street no. and name _____

_____ City _____ Province _____ Country _____ Postal Code _____

_____ ext.() _____	_____ Fax _____	_____ E-mail _____
Telephone		

B: Identification of Referee #2

Title/ Position: Dr. Dr Dre

Name: _____

Contact Information for Referee #2

_____ Apt no. _____

_____ Street no. and name _____

_____ City _____ Province _____ Country _____ Postal Code _____

_____ ext.() _____	_____ Fax _____	_____ E-mail _____
Telephone		

Authorization for Release of Information for Referee

From:

Please print your name

To: Royal College of Physicians and Surgeons of Canada

I, THE ABOVE-NAMED PHYSICIAN, HEREBY AUTHORIZE:

Name of Referee

To release any and all information which may be requested relative to my training history, credentialing and examination eligibility. You may furnish copies of any and all records in my file. This authorization shall continue until revoked by me in writing. A photocopy of this authorization shall serve in its stead.

Dated at:

City and Province / Territory

Dated:

(Day)

(Month and Year)

Applicant's signature

Applicant's name

Witness signature

Witness' name

Identification:

Surname: _____

Given name: _____

Current Practice Details

Subspecialty: _____

What date did you start practicing in the subspecialty listed above: __ __ / __ __
Do not include fellowship training MM YY

What date did you start practicing in the subspecialty in Canada: __ __ / __ __
MM YY

What percentage of time do you spend practicing the in the subspecialty listed above: _____%

Additional Comments:

Postgraduate Medical Education History
Only complete if you have less than five years in practice.

Training in the subspecialty of:
 Residency Fellowship Other *(please specify):* _____

Start of training date: _____	End of Training date: _____	Total # months = _____
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Name of institution: _____

Attach proof of completion of training document (e.g. diploma, transcript)

Any additional training/experience relevant to the subspecialty:

Training in the subspecialty of:
 Residency Fellowship Other *(please specify):* _____

Start of training date: _____	End of Training date: _____	Total # months = _____
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Name of institution: _____

Attach proof of completion of training document (e.g. diploma, transcript)

Practice Eligibility Route to Certification for Subspecialists (PER-sub)

CURRICULUM VITAE (CV) – Cover Page

Practice Eligibility Route to Certification for Subspecialists (PER-sub)

Provincial License – Cover Page

Practice Eligibility Route to Certification for Subspecialists (PER-sub)

Documentation of Subspecialty Training – Cover Page

*If you have been in subspecialty practice for less than 5 years, please attach official documentation of your subspecialty training behind this cover page