



CSCT Handguide for:

Post Certification Examinations

**Post Certification Stress is only available until
September 2010 – rewrites are still available**

Specialty Examinations

Reinstatement Examinations

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Introduction

Welcome on behalf of your Provincial Association and the Canadian Society of Cardiology Technologists (CSCT) to the Post Certification /Specialty exam process in Cardiology Technology. This Hand Guide contains information regarding the examination content, format, policies and procedures

Post Certification Exams are available to members who wish to upgrade their theory and practical skills in Exercise Tolerance Testing (Post Certification) and Implantable Cardiac Devices & Therapies (Specialty).

In this hand guide, the words “post certification” are intended to provide information for both the ETT and Implantable Cardiac Devices and Therapies examinations

There is also a reinstatement exam available for those members who are lapsed in their membership or who wish to regain their membership in good standing. Contact your Provincial Registrar or Provincial Education Coordinator for more information

CSCT Post Certification Exam General Information

NOTE: Only CSCT members in good standing may make application for the Post Certification exam in Exercise Tolerance Testing and Implantable Cardiac Devices and Therapies.

There are two components to the examinations, each of which must be completed prior to a certificate being awarded

- a) Theory exam (paper based) – candidate does **NOT** have to be currently working in the specialty area
- b) Practical Skills Checklist (PSCL) – candidate **MUST** be actively performing testing **in the post certification or specialty areas.**

The PSCL must be completed within **3** years of the successful writing of the post certification theory examination in order to receive a certificate.

Upon application and payment of fees to the Provincial Education Coordinator, each candidate will receive the Examination Theory Package (where applicable) and the PSCL

Post Certification Examination Application Procedure

- (1) Complete application and submit examination fee prior to the deadline date to your Provincial Education Coordinator.
- (2) Submit proof of membership in good standing

If any of the following occurs the application will not be processed and will be deferred to the next writing.

- (a) Failure to meet the application/documentation deadline
- (b) Non-sufficient funds (NSF cheque service charges apply)
- (c) Incorrect or incomplete applications

Confirmation of receipt of application and fee will be sent to each applicant.

If no confirmation is received, it is the applicant's responsibility to contact the Provincial Education Coordinator

In the case of a postal disruption, please contact your Provincial Education Coordinator by telephone, email, or fax.

Practical Skills Checklist (PSCL) Requirements

NOTE: The PSCL must be submitted within 3 years of successfully writing the theory examination

Exercise Tolerance Testing (ETT) **First attempt of this exam will only be able to be made until Sept 2010):** Complete 100 Exercise Tolerance Tests (ETT) as part of the Practical Skills Checklists (PSCL). If the candidate has been actively performing ETT's in the past three years and has already completed over 100 tests the log sheets (found in the PSCL package) are not necessary. The Verification of Required Tests may be completed immediately and the candidate can proceed with the remainder of the PSCL. **If you are successful in writing the exam in September 2010 you will still have 3 years to complete your PSCL. If unsuccessful, rewrites are still available (see P12)**

Implantable Cardiac Devices and Therapies: the candidate must have been actively performing pacemaker assessment & programming during the past three (3) years and have completed in excess of the 450 hours of independent programming. The physician or supervisor must sign the verification form.

Examination Dates, Application Deadlines and Fees

Examination Dates

ALL CSCT Examinations are held in April and September. The date of the exam will be the last weekend in each of the aforementioned months. Please contact your Provincial Education Coordinator for actual dates in your province. Candidates must meet and maintain examination criteria to be eligible to sit the examinations.

Application Deadlines

The deadline date for all CSCT examination applications is two months prior to the month of writing

April deadline is February 1st
September deadline is July 1st

Examination Fees

Post Certification Exam Fee	\$250.00
Post Certification Rewrite Fee	\$200.00
Reinstatement exam	\$300.00
Reinstatement exam plus interactive videos	\$500.00

Examination fees are subject to change without notice

Please make certified cheque or money order payable to your Provincial Association/Society.

Post Certification Examination Structure and Format

Both the CSCT Examination Committee and the CSCT Medical Advisory Board review questions for content, structure and validity.

NOTE: CSCT reserves the right to make any changes in structure and format; candidates will be notified in writing or email.

The examination will be approximately 150-200 questions, with a maximum time limit of 3 hours. Types of questions, which may appear on the examination, include: true or false, multiple choice and case studies.

Each question is worth one mark unless otherwise specified. Some questions challenge your critical thinking by asking for more than one response. For these questions checking off all options would result in a score of 0. You must choose carefully and select only the responses that apply, for maximum points.

Sample case study: A 7-year-old male was referred for investigation following a syncope episode while playing outside. He had one episode previous to this and he felt lightheaded prior to both episodes. His weight and height are within the normal range. His 13-year-old sister and aunt died suddenly and unexplained.

Check all that apply. The following question is worth 1.5 marks.

Which of the Following would most likely be associated with his symptoms?

- A. Malnutrition (-.5)
- B. Juvenile Diabetes (0)
- C. Arrhythmia (+1)
- D. Seizure (0)
- E. Congenital heart defect (+.5)
- F. Attention deficit disorder (-.5)
- G. Anaphylactic shock (-.5)

NOTE: CSCT reserves the right to make any changes in structure and format; candidates will be notified in writing or email.

Exercise Tolerance Testing (ETT)

This examination is based on the Learning Objectives found in the Exercise Tolerance Testing (ETT) chapter and the Cardiac Drug Therapy Handout available from your Provincial Education Coordinator. The ETT examination is also based on the American Heart Association - Exercise Standards - A Statement for Health Professionals, which is available online at

<http://www.americanheart.org/downloadable/heart/1032279013658exercise.pdf>

Candidates are given 3 hours to complete 150-200 questions, true or false and multiple choices.

- Approximately 100 questions (50%) will be based on pre-exercise, exercise, and post exercise ECG tracings;
- Approximately 80 questions (40%) will be based on ETT Theory;
- Approximately 20 questions (10%) on Cardiac Drug Therapy.

Ambulatory Monitoring

An Ambulatory Monitoring Theory Examination is **not** available at this time.

Implantable Cardiac Devices And Therapies

This theory examination is based on a syllabus:

The (new) recommended text for CSCT Cardiac Pacing and Device Therapy theory exam are:
Cardiac Pacing, Defibrillation and Resynchronization by David Hayes, Paul A. Friedman
Clinical Cardiac Pacing, Defibrillation and Resynchronization by Kenneth A. Ellenbogen, Bruce L. Wilkoff, G. Neal Kay, Chu Pak Lau

You may also want to look at some the following articles which are the same as International Board of Heart Rhythm Examiners see the IBHRE website for more information and material to help you prepare for the exam.

Defibrillation

5. [Kadish A, Dyer A, Daubert JP, Quigg R, Estes NA, Anderson KP, Calkins H, Hoch D, Goldberger J, Shalaby A, Sanders WE, Schaechter A, Levine JH. Defibrillators in Non-Ischemic Cardiomyopathy Treatment Evaluation \(DEFINITE\) Investigators. Prophylactic Defibrillator Implantation in Patients With Nonischemic Dilated Cardiomyopathy. *New England Journal of Medicine*. 350\(21\):2151-8, 2004.](#)
6. [Bristow MR, Saxon LA, Boehmer J, Krueger S, Kass DA, De Marco T, Carson P, DiCarlo L, DeMets D, White BG, DeVries DW, Feldman AM. Comparison of Medical Therapy, Pacing, and Defibrillation in Heart Failure \(COMPANION\) Investigators. Cardiac-Resynchronization Therapy With or Without an Implantable Defibrillator in Advanced Chronic Heart Failure. *New England Journal of Medicine*. 350\(21\):2140-50, 2004.](#)
7. [Wathen MS, Sweeney MO, DeGroot PJ, Stark AJ, Koehler JL, Chisner MB, Machado C, Adkisson WO. PainFREE Investigators. Shock Reduction Using Antitachycardia Pacing](#)

- [for Spontaneous Rapid Ventricular Tachycardia in Patients With Coronary Artery Disease. *Circulation*. 104\(7\):796-801, 2001.](#)
8. [Moss AJ, Hall WJ, Cannom DS, Daubert JP, Higgins SL, Klein H, Levine, JH, Saksena S, Waldo AL, Wilber D, Brown MW, Heo M. Improved Survival With an Implanted Defibrillator in Patients With Coronary Disease at High Risk for Ventricular Arrhythmia. Multicenter Automatic Defibrillator Implantation Trial Investigators. *New England Journal of Medicine* 1996; 335\(26\):1933-1940.](#)
 9. [Moss AJ, Zareba W, Hall WJ, Klein H, Wilber DJ, Cannom DS, Daubert JP, Higgins SL. Prophylactic Implantation of a Defibrillator in Patients With Myocardial Infarction and Reduced Ejection Fraction. *New England Journal of Medicine* 2002; 346\(12\): 877-883.](#)
 10. [A Comparison of Antiarrhythmic-Drug Therapy With Implantable Defibrillators in Patients Resuscitated From Near-Fatal Ventricular Arrhythmias. The Antiarrhythmics Versus Implantable Defibrillators \(AVID\) Investigators. *New England Journal of Medicine* 1997; 337\(22\): 1576-1583.](#)
 11. [Causes of Death in the Antiarrhythmics Versus Implantable Defibrillators \(AVID\) Trial. *Journal of the American College of Cardiology* 1999; 34\(5\): 1552-1559.](#)
 12. [Domanski MJ, Saksena S, Epstein AE, Hallstrom AP, Brodsky MA, Kim S, Lancaster S. Relative Effectiveness of the Implantable Cardioverter-Defibrillator and Antiarrhythmic Drugs in Patients With Varying Degrees of Left Ventricular Dysfunction Who Have Survived Malignant Ventricular Arrhythmias. AVID Investigators. *Antiarrhythmics Versus Implantable Defibrillators. Journal of the American College of Cardiology* 1999; 34\(4\): 1090-1095.](#)
 13. [Schron EB, Exner DV, Yao Q, Jenkins LS, Steinberg JS, Cook JR, Kutalek SP, Friedman PL, Bubien RS, Page RL, Powell J. Quality of Life in the Antiarrhythmics Versus Implantable Defibrillators Trial: Impact of Therapy and Influence of Adverse Symptoms and Defibrillator Shocks. *Circulation* 2002; 105\(5\): 589-594.](#)
 14. [Larsen G, Hallstrom A, McAnulty J, Pinski S, Olarte A, Sullivan S, Brodsky M, Powell J. Cost-Effectiveness of the Implantable Cardioverter-Defibrillator Versus Antiarrhythmic Drugs in Survivors of Serious Ventricular Tachyarrhythmias: Results of the Antiarrhythmics Versus Implantable. *Circulation* 2002; 105\(17\): 2049-2057.](#)
 15. [Lee KL, Hafley G, Fisher JD, Gold MR, Prystowsky EN, Talajic M, Josephson ME, Packer DL, Buxton AE, Multicenter Unsustained Tachycardia Trial Investigators. Effect of Implantable Defibrillators on Arrhythmic Events and Mortality in the Multicenter Unsustained Tachycardia Trial. *Circulation* 2002; 106\(2\): 233-238.](#)
 16. [Buxton AE, Lee KL, DiCarlo L, Echt DS, Fisher JD, Greer GS, Josephson ME, Packer D, Prystowsky EN, Talajic M. Nonsustained Ventricular Tachycardia in Coronary Artery Disease: Relation to Inducible Sustained Ventricular Tachycardia. MUSTT Investigators. *Annals of Internal Medicine* 1996; 125\(1\): 35-39.](#)
 17. [Buxton AE, Lee KL, Fisher JD, Josephson ME, Prystowsky EN, Hafley G. A Randomized Study of the Prevention of Sudden Death in Patients With Coronary Artery Disease. *New England Journal of Medicine* 1999; 341\(25\): 1882-1890.](#)
 18. [Buxton AE, Lee KL, Fisher JD, Josephson ME, Prystowsky EN, Hafley G. A Randomized Study of the Prevention of Sudden Death in Patients With Coronary Artery Disease. Multicenter Unsustained Tachycardia Trial Investigators. *New England Journal of Medicine* 1999; 341\(25\): 1882-1890.](#)
 19. [Buxton AE, Lee KL, DiCarlo L, Gold MR, Greer GS, Prystowsky EN, O'Toole MF, Tang A, Fisher JD, Coromilas J, Talajic M, Hafley G. Electrophysiologic Testing to Identify Patients With Coronary Artery Disease Who Are at Risk for Sudden Death. Multicenter Unsustained Tachycardia Trial Investigators. *New England Journal of Medicine* 2000; 342\(26\): 1937-1945.](#)
 20. [Maron BJ, Shen WK, Link MS, Epstein AE, Almquist AK, Daubert JP, Bardy GH, Favale S, Rea RF, Boriani G, Estes NA, III, Spirito P. Efficacy of Implantable Cardioverter-Defibrillators for the Prevention of Sudden Death in Patients With Hypertrophic Cardiomyopathy. *New England Journal of Medicine* 2000; 342\(6\): 365-373.](#)

Pacing

21. [Gregoratos G, Abrams J, Epstein AE, Freedman RA, Hayes DL, Hlatky MA, Kerber RE, Naccarelli GV, Schoenfeld MH, Silka MJ, Winters SL, Gibbons RJ, Antman EM, Alpert JS, Gregoratos G, Hiratzka LF, Faxon DP, Jacobs AK, Fuster V, Smith SC, Jr., Committee M, Task FM. ACC/AHA/NASPE 2002 Guideline Update for Implantation of Cardiac Pacemakers and Antiarrhythmia Devices: Summary Article: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines \(ACC/AHA/NASPE Committee to Update the 1998 Pacemaker Guidelines\). *Circulation* 2002; 106\(16\): 2145-2161.](#)
22. Ellenbogen KA. Cardiac Pacing. *Cardiology Clinics* 18, 1-239. 2000.
23. Josephson ME, Maloney JD, Barold SS, Flowers NC, Goldschlager NF, Hayes DL et al. Guidelines for Training in Adult Cardiovascular Medicine. Core Cardiology Training Symposium (COCATS). Task Force 6: Training in Specialized Electrophysiology, Cardiac Pacing and Arrhythmia Management. *Journal of the American College of Cardiology* 1995; 25(1): 23-26.
24. [Connolly SJ, Sheldon R, Roberts RS, Gent M. The North American Vasovagal Pacemaker Study \(VPS\). A Randomized Trial of Permanent Cardiac Pacing for the Prevention of Vasovagal Syncope. *Journal of the American College of Cardiology* 1999; 33\(1\): 16-20.](#)
25. [Sutton R. Guidelines for Pacemaker Follow Up. Report of a British Pacing and Electrophysiology Group \(BPEG\). *Heart* 1996; 76\(5\): 458-460.](#)
26. [Connolly SJ, Kerr CR, Gent M, Roberts RS, Yusuf S, Gillis AM, Sami MH, Talajic M, Tang AS, Klein GJ, Lau C, Newman DM. Effects of Physiologic Pacing Versus Ventricular Pacing on the Risk of Stroke and Death Due to Cardiovascular Causes. Canadian Trial of Physiologic Pacing Investigators. *New England Journal of Medicine* 2000; 342\(19\): 1385-1391.](#)
27. [Lamas GA, Lee KL, Sweeney MO, Silverman R, Leon A, Yee R, Marinchak RA, Flaker G. Ventricular Pacing or Dual-Chamber Pacing for Sinus-Node Dysfunction. *New England Journal of Medicine* 2002; 346\(24\): 1854-1862.](#)
28. [Goldschlager N, Epstein A, Friedman P, Gang E, Krol R, Olshansky B, North American Society of Pacing and Electrophysiology \(NASPE\) Practice Guideline Committee. Environmental and Drug Effects on Patients With Pacemakers and Implantable Cardioverter/Defibrillators: A Practical Guide to Patient Treatment. *Archives of Internal Medicine*. 161\(5\):649-55, 2001.](#)
29. [Lamas GA, Ellenbogen KA. Evidence Base for Pacemaker Mode Selection: From Physiology to Randomized Trials. *Circulation*. 109\(4\):443-51, 2004.](#)

Biventricular Pacing

30. [Ellenbogen KA, Kay GN, Wilkoff BL \(eds.\), *Device Therapy for Congestive Heart Failure* Elsevier Science, Philadelphia, Pennsylvania, 2004.](#)
31. [Abraham WT, Fisher WG, Smith AL, Delurgio DB, Leon AR, Loh E, Kocovic DZ, Packer M. Cardiac Resynchronization in Chronic Heart Failure. *New England Journal of Medicine* 2002; 346\(24\): 1845-1853.](#)
32. [Cazeau S, Leclercq C, Lavergne T, Walker S, Varma C, Linde C, Garrigue S, Kappenberger L, Haywood GA, Santini M, Bailleul C, Daubert JC, Multisite Stimulation iC. Effects of Multisite Biventricular Pacing in Patients With Heart Failure and Intraventricular Conduction Delay. *New England Journal of Medicine* 2001; 344\(12\): 873-880.](#)
33. [Kuhlkamp V, The I. Initial Experience With an Implantable Cardioverter-Defibrillator Incorporating Cardiac Resynchronization Therapy. *Journal of the American College of Cardiology* 2002; 39\(5\): 790-797.](#)

34. Lozano I, Bocchiardo M, Achtelik M, Gaita F, Trappe HJ, Daoud E, Hummel J, Duby C. Impact of Biventricular Pacing on Mortality in a Randomized Crossover Study of Patients With Heart Failure and Ventricular Arrhythmias. *Pacing & Clinical Electrophysiology* 2000; 23(11 Pt 2): 1711-1712.
35. [Saxon LA, De Marco T, Schafer J, Chatterjee K, Kumar UN, Foster E, VIGOR C. Effects of Long-Term Biventricular Stimulation for Resynchronization on Echocardiographic Measures of Remodeling. *Circulation* 2002; 105\(11\): 1304-1310.](#)
36. [Stellbrink C, Breithardt OA, Franke A, Sack S, Bakker P, Auricchio A, Pochet T, Salo R. Impact of Cardiac Resynchronization Therapy Using Hemodynamically Optimized Pacing on Left Ventricular Remodeling in Patients With Congestive Heart Failure and Ventricular Conduction Disturbances. *Journal of the American College of Cardiology* 2001; 38\(7\): 1957-1965.](#)

Lead Extraction

37. [Love CJ, Wilkoff BL, Byrd CL, Belott P, Brinker J, Fearnot NE, Friedman RA, Furman S, Goode LB, Hayes DL, Kawanishi DT, Parsonnet V, Reiser C, Van AR. Recommendations for Extraction of Chronically Implanted Transvenous Pacing and Defibrillator Leads: Indications, Facilities, Training. *Pacing and Clinical Electrophysiology* 2000;\(23\).](#)
38. [Wilkoff BL, Byrd CL, Love CJ, Hayes DL, Sellers TD, Schaerf R, Parsonnet V, Epstein LM. Pacemaker Lead Extraction With the Laser Sheath: Results of the Pacing Lead Extraction With the Excimer Sheath \(PLEXES\) Trial. *Journal of the American College of Cardiology* 1999; 33\(6\): 1671-1676.](#)
39. [Kay GN, Brinker JA, Kawanishi DT, Love CJ, Lloyd MA, Reeves RC, Pioger G, Overland MK, Ensign LG, Grunkemeier GL. The Risks of Spontaneous Injury and Extraction of an Active Fixation Pacemaker Lead: Report of the Accufix Multicenter Clinical Study and World-Wide Registry. *Circulation* 1999; 100: 2344-2352.](#)
40. [Byrd CL, Wilkoff BL, Love CJ, Sellers TD, Reiser C. Clinical Study of the Laser Sheath for Lead Extraction: The Total Experience in the United States. *PACE* 2002; 25\(5\): 804-808.](#)

Cardiac Drug Therapy Handout – available from your Provincial Education Coordinator



Implantable Cardiac Devices and Therapies

January 2009

- | | |
|---|-----|
| 1. Basic Concepts (40-50 Questions) | 30% |
| A. Indications for Permanent Pacing, Implantable Cardiac Defibrillators (ICDs) and Cardiac Resynchronization Devices (AHA/Heart Rhythms Guidelines) | |
| B. Pacemaker and Defibrillator Codes | |
| C. Pacing Terms (Definitions) | |
| D. Pulse Generators | |
| E. Leads and Electrodes | |
| F. Stimulation | |
| a. Ohm's Law | |
| b. Strength Duration | |
| c. Impedance | |
| G. Sensing and Timing Cycles | |
| H. Electrograms and Electrocardiography | |
| 2. Implantation Techniques of Permanent and Temporary Pacemakers (4-6 Questions) | |
| 3. Implantation and Testing of ICDs (4-6 Questions) | 4% |
| A. Capacitors | |
| B. Waveforms | 4% |
| C. Defibrillation Thresholds | |
| D. Tachyarrhythmia Algorithms and Analysis of Therapies | |
| 4. Pacemaker and ICD Follow-up (50-60 Questions) | |
| A. Mode Selection | |
| B. Optimizing Hemodynamics | 45% |
| C. Rate-Adaptive Pacing | |
| D. Analysis of Diagnostics, Therapies and Clinical Considerations | |
| E. Trouble Shooting (Case Studies) | |
| F. Cardiac Resynchronization Therapy | |
| G. Other Cardiac Tests - Holter/Event Monitoring, Exercise Tolerance Testing and Echocardiography | |
| H. Data Management | |
| 5. Complication of Cardiac Device Therapy and Troubleshooting (10-15 Questions) | |
| A. Electromagnetic Interference | |
| B. Complications – intra-operative, post operative and long-term | 10% |
| C. Pulse Generator and Lead Extraction | |
| D. Device Interactions | |
| E. Pacemaker and ICD Radiography | |
| 6. Basic Cardiac Pharmacology including medications at implant (4-6 Questions) | |
| 7. Major Clinical Trials and Relevance in Cardiac Pacing and Defibrillation (3-5 Questions) | 4% |
| | 3% |

CSCT Examination Scoring Methods

The CSCT uses a criterion-referenced methodology for scoring all examinations. With this type of scoring methodology there is no curve and candidates do not compete against each other. In constructing criterion-referenced examinations, the score that is most important is the cut-off score, or the point that represents essential competency. A great deal of time is spent ensuring that the cut-off scores are derived fairly.

Approximately 10% of the questions may appear as pre-trial items. These items are not scored and are used for future examination development. Candidates will not know whether a question is pre-trial or not.

Examination results are reported as the number of correctly answered questions. Because candidates must correctly answer a certain number of questions required to succeed and unanswered questions are scored as incorrect, it is the candidate's advantage to answer all possible questions. Generally, the number of correctly answered questions required to pass ranges between approximately 65 to 75 percent of the total questions, depending on the overall difficulty of the examination.

The pass mark for the Post Certification Exams is 70%

When the exams are scored an analysis of the test questions are produced. The CSCT Examination Committee reviews questions that are identified as problematic, which may include image errors, incorrect structure, or ambiguous questions. If an item demonstrates a consistent problem throughout the analysis, the question will be removed and candidates will not be penalized. This may occur in only a few of the items in each of the exams.

Examination Results

Successful candidates should receive notification of exam results within 4 weeks

Post Certification candidates should receive their Certificate within 6 weeks after completion of all examination requirements

Rewrites

Post Certificate candidates have one rewrite and then must complete additional courses from a post secondary cardiology technology program prior to the 2nd rewrite. Contact the CSCT Exam chair at examchair@csct.ca for more information

CSCT Examination Regulations

NOTIFICATION OF EXAMINATION TIME AND LOCATION - The candidates will be notified of the time and location of the examination no less than 2 weeks prior to the examination date.

PHOTO I.D. – Candidates must provide photo identification prior to admittance to the CSCT Examinations. The CSCT examination invigilator has total discretion if the I.D. is not a current likeness.

WITHDRAWALS or NO SHOWS – After an application has been submitted there will be no withdrawal from examinations or a refund of examination fees unless extenuating circumstances apply.

EXTENUATING CIRCUMSTANCES – If the candidate is unable to attempt the examinations due to any of the following she/he may make application under extenuating circumstances.

- Illness of the candidate or immediate family member – medical certificate or physicians letter required
- Death in the immediate family – photocopy of death certificate or letter from attending physician or minister required
- Road closures – provide verification by the Department of Highways or RCMP

The candidate will be able to attempt the examination at a later date for an administration fee of \$50.00. The Provincial Education Coordinator must be notified immediately and written verification must follow within two (2) weeks.

CANDIDATES LATE FOR EXAMINATIONS – It is the candidate's responsibility to be on time. The door to the examination room will be closed immediately after the examinations begin. This will be considered a “**no show**” or a failure.

RELIGIOUS BELIEFS – A candidate, who is unable to sit the CSCT Examinations on the specified day because of religious beliefs, must submit a letter stating this along with their application form. A letter from the candidate's religious leader is required to verify the candidate's request. The examination will be held on mutually accepted date to be arranged with the Provincial Education Coordinator.

CHEATING, PLAGIARISM, AND DISHONESTY – A candidate who is guilty of cheating, plagiarism, or dishonesty will be penalized appropriately by the CSCT pending on the severity of the act. The candidate may be disqualified from attempting to write the exam in the future.

SPECIAL EXAM REQUIREMENTS – Candidates who have special requirements to sit a CSCT exam must provide notification and supporting documentation at the time of the application and a physician's note.

CSCT Examination Appeal Procedure

Disruptive examination circumstances may be appealed. Circumstances must be made verbally to the examination invigilator at the time of the examination and by email to the CSCT Examination Chairperson (examchair@csct.ca) within 48 hrs of the examination date

Reinstatement exam

CSCT has policies and procedures in place in order for members to regain their membership in good standing. The Membership Reinstatement Policy Grid can be seen in the members area at www.csct.ca.

Please contact your provincial registrar or provincial education coordinator for more information