



**CERTIFICATION EXAMINATION
APPLICATION FORM**

PLEASE CHECK ONE OF THE FOLLOWING:

- Exercise Tolerance Testing
- Implantable Cardiac Devices
- Ambulatory Monitoring – Currently unavailable*

I am a Registered Cardiology Technologist since _____ (year). CSCT # _____

PLEASE PRINT CLEARLY:

Surname First Initial

Address (Apt. #, Street, P.O. Box#)

City/Town Province Postal Code

Work Number Home Number Cell Number

Email Address: _____ **(Mandatory)**

ALL CANDIDATES WILL BE OFFICIALLY ACKNOWLEDGED:

Please print below the name you would like on your certificate:

First Initial Surname

Signature: _____ Date: _____

June 2008

**CANADIAN SOCIETY OF CARDIOLOGY TECHNOLOGISTS
SOCIETE CANADIENNE DES TECHNOLOGUES EN CARDIOLOGUE**

Send application, photocopy of CSCT membership card and exam fees (payable to your province) to your Provincial Education Coordinator/Director.