

Canadian Clinical Skills Assessment (CCSA™) Application

1. PERSONAL AND CONTACT INFORMATION (PLEASE PRINT OR TYPE LEGIBLY.)

First Name		Last Name	
Middle Name / Initial		Sonography Canada No. (if applicable)	
Date of Birth (D/M/YR)		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address (Line 1)		Address (Line 2) (indicate Apt. / Unit #)	
P.O. Box or Rural Route (if applicable)		City	
Province	Postal Code	Country	
Telephone Number		E-Mail Address (mandatory)	

2. INDICATE THE CANADIAN CLINICAL SKILLS ASSESSMENT (CCSA) YOU WILL BE COMPLETING TO SATISFY REQUIREMENTS FOR SONOGRAPHY CANADA REGISTRATION WITH THE APPROPRIATE CREDENTIAL.

- ☐ **Generalist CCSA for the CRGS Credential**
☐ **Cardiac CCSA for the CRCS Credential**
☐ **Vascular CCSA for the CRVS Credential**

CCSA testing sites presently available at the following locations (subject to availability): Alberta, Ontario and Quebec.

NOTE: When Sonography Canada receives your completed Application, dates and times will be made available to you. No refunds granted within 2 weeks of CCSA date.

3. CCSA FEES

Indicate the fees to be paid to complete the required CCSA.

Generalist CCSA Fee	<input type="checkbox"/>	\$1700.00
Cardiac CCSA Fee	<input type="checkbox"/>	\$1700.00
Vascular CCSA Fee	<input type="checkbox"/>	\$1700.00
Nonrefundable processing fee:		\$ 100.00
TOTAL FEES TO BE PAID DIRECTLY TO SONOGRAPHY CANADA:		\$1800.00

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4. ACKNOWLEDGMENT AND STATEMENT OF AGREEMENT	
<input type="checkbox"/>	I hereby certify that the information contained herein is true and accurate to the best of my knowledge.
<input type="checkbox"/>	I have read and understand Sonography Canada's Privacy Policy and I consent to the collection, use and disclosure of my personal information for the purposes described in Sonography Canada's Privacy Policy.
<input type="checkbox"/>	I agree to comply with the Code of Ethics for the profession of Diagnostic Medical Ultrasound as outlined on the Sonography Canada website, and to comply with all other rules, regulations and policies pertaining to this Application and to the standards and renewal of any credential I may receive through Sonography Canada.
<input type="checkbox"/>	<p>I acknowledge and agree that, while Sonography Canada takes reasonable steps to ensure the accuracy and completeness of its information, resources and reports, neither Sonography Canada nor any of its directors, officers, agents or employees shall be responsible for damages or losses in the event of any errors or omissions contained therein, nor shall Sonography Canada be liable for any damages or losses whatsoever (including without limitation damages of a personal, professional or financial nature) incurred by me as a result of any decision pertaining to this Application made by or on behalf of Sonography Canada or any of its directors, officers, agents or employees.</p> <p>By completing a Sonography Canada CCSA Application, I further agree that I shall not take any legal action or commence other proceedings against Sonography Canada or any of its directors, officers, agents and employees for anything done in good faith related to a Sonography Canada CCSA Application, including any errors, omissions, neglect or default in respect thereof.</p> <p>I also agree to indemnify and hold harmless Sonography Canada and each of its directors, officers, agents and employees (the Indemnified Parties) absolutely and forever, from and against any and all claims, actions, damages, suits, liabilities, obligations, costs, fees, charges, and other expenses whatsoever, including reasonable legal fees and costs (collectively the "Claim"), that may be asserted against any Indemnified Party in connection with the information provided to an Indemnified Party by me hereunder and any error, omission or inaccuracy in respect thereof.</p>

Date: _____ **Signature:** _____

Day/Month/Year

PLEASE ENSURE THAT THIS AGREEMENT IS SIGNED AND DATED. SEND THE COMPLETED AGREEMENT AND FEE PAYMENT TO SONOGRAPHY CANADA.	
BY MAIL: SONOGRAPHY CANADA P.O. Box 1220 KEMPTVILLE, ON K0G 1J0.	BY COURIER: SONOGRAPHY CANADA 215 VAN BUREN STREET UNIT 2, LOWER LEVEL KEMPTVILLE, ON K0G 1J0. TEL: 613-258-0855
PLEASE ENSURE THE MAILING AND EMAIL ADDRESS THAT YOU PROVIDE FOR COMMUNICATION IS CURRENT AND RELIABLE BOTH NOW AND IN THE FUTURE.	

FOR SONOGRAPHY CANADA OFFICE USE ONLY	
Date received: _____	
Location of CCSA Confirmed: <input type="checkbox"/> Location: _____	
All Payments Confirmed: _____	
Date(s) of CCSA: _____	Examiner: _____

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PAYMENT INFORMATION	
<input type="checkbox"/> Cheque (Payable to Sonography Canada; post-dated cheques will NOT be accepted)	<input type="checkbox"/> Money Order
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	Credit Card Number: _____
Expiry Date: _____	Name as it Appears on Credit Card: _____
Signature of Cardholder: _____	_____