



The Association of Electromyography Technologists of Canada

New Member Application Form

APPLICANT INFORMATION

Please type the appropriate information in the grey shaded areas.

Last Name:

First Name:

E-mail:

Home Address:

Home Phone #:

Employer:

Employer Address:

Work Phone #:

Preferred correspondence address: ---

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

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

ACADEMIC BACKGROUND:

(Please include some details such as areas of specialization, (expected) date of completion)

High School Graduate:

College Diploma(s):

University Degree(s):

Technical Institute(s):

Other:

EXPERIENCE IN ELECTRODIAGNOSTIC PROCEDURES:

A) Employment History

Employer name and address	Dates worked (yyyy-mm-dd)
	to
	to
	to

B) Your Current Title:

C) Have you had any other practical training and experience in Electrodiagnostics?

D) Estimate the number of individuals on whom you do (have done) Nerve Conduction Studies:

(i) Monthly: (ii) Career total:

E) Level of responsibility

- (i) Basic NCS with supervision ---
- (ii) Basic NCS without supervision ---
- (iii) Advanced NCS* with supervision ---
- (iv) Advanced NCS* without 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:

yyyy-MM-dd

FEES & INFORMATION

Membership Fee for Active Members = **\$60**
(Registered EMG technologists with the B.R.E.T.C)

Membership Fee for Associate Members = **\$40**
(Non-registered technologists and students in the electrodiagnostic field)

Please mail form and payment to:

Nancy Verreault
49 Hendrick Rd
Chelsea, QC
J9B 1M1

Payment options

- ❖ Online payment can be made via Paypal by clicking on the following link:
- ❖ Cheque made out to "A.E.T.C."