



College of  
Physicians  
& Surgeons  
of Alberta

**Medical Hyperbaric Oxygen Therapy  
Application to Supervise HBO Therapy**

**Applicant Information**

1. Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ College ID: \_\_\_\_\_

**Physicians supervising HBO therapy shall:**

- a. Have completed at a minimum, a 40-hour course approved by the Undersea & Hyperbaric Medical Society. A record of completion of the course of training shall be kept on file in the facility;
- b. Be certified specialists in anesthesiology or maintain a current certificate in Advanced Cardiac Life Support (ACLS);
- c. Be licensed to practice in Alberta.

2. I have enclosed evidence of :

- a. training and competence as listed above.  
(Note: This evidence of training and competence is required.)  Yes  No
- b. current ACLS  Yes  No  N/A

3. **Expected Practice Starting Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return to College of Physicians & Surgeons of Alberta:**

Quality of Care Department  
2700, 10020 – 100 Street  
Edmonton, Alberta T5J 0N3  
Fax: (780) 428-2712

If you have any questions completing this form, please contact:  
Phone: (780) 969-5002 or 1-800-561-3899 ext. 5002 (Alberta only)