

# Consent for Certificate of Professional Conduct

I, \_\_\_\_\_ Registration Number: \_\_\_\_\_

a physician currently/previously licensed with the College of Physicians & Surgeons of Alberta (CPSA):

Will be moving/have moved out of Alberta

Will be temporarily moving/have temporarily moved out of Alberta (e.g. teaching, learning, locum)

Other (please specify)

I am requesting that a Certificate of Professional Conduct be sent to the following organization: \_\_\_\_\_

Address (including Province and Postal Code) :

Fax number (if requesting to have the certificate faxed): \_\_\_\_\_

**A Certificate of Professional Conduct provides the following information where applicable:**

- 1 Name of practitioner
- 2 Dates and category of registration/licence
- 3 Credentials recognized by the Council of the CPSA
- 4 Status of registration
- 5 Dates and particulars of any:
  - a. Suspension or revocation of licence.
  - b. Conditions or limitations of licence.
  - c. Findings of professional misconduct, incompetence, impairment, or conduct unbecoming of a member of this College.
  - d. Reprimand with consent or imposed by a Hearing Committee.
  - e. Any remedies or sanctions imposed as a result of a finding of professional misconduct, incompetence, impairment, or conduct unbecoming.
  - f. Voluntary withdrawals from practice or from a register and reasons, if known by the CPSA.
- 6 Open complaints, including unresolved Notice(s) to Practitioner.

**I acknowledge and consent that this personal information can be released to the organization identified above.**

**I am aware that a fee for this service of \$100.00 (+ GST/HST\* as applicable) must accompany this request.**

**\*HST Rates: BC – 12% ON – 13% NB – 13% NL – 13% NS – 15% (Apply tax based on applicant's address)**

**APPLICANT INFORMATION:**

**Full name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Fax number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Applicant signature:** \_\_\_\_\_

**Date submitted:** \_\_\_\_\_

Total Price based on applicant's address			
Alberta	\$105.00	Nunavut	\$105.00
Manitoba	\$105.00	British Columbia	\$112.00
Saskatchewan	\$105.00	Ontario	\$113.00
P.E.I	\$105.00	New Brunswick	\$113.00
Yukon	\$105.00	Newfoundland	\$113.00
N.W.T	\$105.00	Nova Scotia	\$115.00



College of  
Physicians  
& Surgeons  
of Alberta

2700 - 10020 100 Street NW  
Edmonton, AB, Canada T5J 0N3

## Credit Card Payment Form

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Full Name: \_\_\_\_\_

CPSA Registration or CPSA tracking number: \_\_\_\_\_

Complaint/Facility/File # (if applicable): \_\_\_\_\_

To pay by VISA, MasterCard or American Express complete and forward the following information to the College of Physicians & Surgeons of Alberta:

VISA

MasterCard

American Express

Card Number: \_\_\_\_\_

Expiry Date (MM/YY): \_\_\_\_\_

Cardholder Name (Please Print):  
\_\_\_\_\_

Cardholder Signature:  
\_\_\_\_\_

*Please note that this form and information will be destroyed 60 days following receipt.*

**Questions? Contact the CPSA Registration Department**

**Mail:** 2700 - 10020 100 Street NW Edmonton AB T5J 0N3 | **Phone:** 780-969-4927 | **Fax:** 780-426-0805

**Email:** [certificates@cpsa.ab.ca](mailto:certificates@cpsa.ab.ca)

**Print Form, Sign & Send to CPSA**

Note: Ensure your CPSA Registration Number is included above (Processing may take up to 10 business days).

**Please send only one copy of this request (by mail, fax, or email) to avoid duplicate charges.**