

# NOTIFICATION OF CHANGE FORM

2700-10020 100 ST NW  
Edmonton AB T5J 0N3

Phone: 780-969-4925; 1-800-320-8624 ext. 4925 (Alberta only)  
Fax: 780-426-0805 Email: [physicianinquiries@cpsa.ab.ca](mailto:physicianinquiries@cpsa.ab.ca)

Name \_\_\_\_\_ College Registration Number \_\_\_\_\_ Signature \_\_\_\_\_

- If you work at more than one location, please provide both a Professional and Home Address (Sections A and B).
- The College requires at least one phone number where you can be contacted for College purposes. This number can either be a business public or business private phone number (Sections A) or a private home number (Section B or C). If you have more than one contact number, please provide.
- In accordance with the Health Professions Act, the College requires an address that can be made available to the public (Section D-Public Address).
- The College must have a designated address to which College mail can be sent (Section D-College Mail Address).

■ The changes shown below are effective: \_\_\_\_\_  
DD / MM / YYYY

**A. Professional Address**

1. Address Line 1 \_\_\_\_\_
2. Address Line 2 \_\_\_\_\_
3. City \_\_\_\_\_
4. Province/State/Country \_\_\_\_\_
5. Postal/Zip Code \_\_\_\_\_
6. Business Phone (Public) \_\_\_\_\_
7. Business Fax (Public) \_\_\_\_\_
8. Business Phone (Private) \_\_\_\_\_

**B. Home Address – OPTIONAL unless selected in the Address Designation in Section (D).**

1. Home Address Line 1 \_\_\_\_\_
2. Home Address Line 2 \_\_\_\_\_
3. City \_\_\_\_\_
4. Province/State/Country \_\_\_\_\_
5. Postal/Zip Code \_\_\_\_\_
6. Phone (Private) \_\_\_\_\_
7. Listed or Unlisted \_\_\_\_\_
8. Fax (Private) \_\_\_\_\_

**C. Other Contact Information**

1. Email Address \_\_\_\_\_  
Is your email for public release?  Yes  No
2. Pager (for CPSA use only) \_\_\_\_\_
3. Cellular (for CPSA use only) \_\_\_\_\_

**D. Address Designation**

- Public Address:*
- Which address would you prefer to have published in the Medical Directory and made available to the public?  
**You must choose one of the following:**  
 Professional Address  
 Home
- College Mail Address:*
- To which address would you like College mail (e.g. licence renewal, The Messenger, Medical Directory, etc.) delivered?  
**You must choose one of the following:**  
 Professional Address  
 Home

**E. Are you currently accepting New Patients?**  Yes  No

**F. Do the changes you have indicated also apply to the Triplicate Prescription Program?**  Yes  No

**G. Do the changes you have indicated also apply to your Professional Corporation?**  Yes  No  
If "Yes", a *Professional Corporation Address Change Form* must be completed and returned to the College. This form is available on our web site at [www.cpsa.ab.ca](http://www.cpsa.ab.ca), or by calling the College.

■ Change of Name effective: \_\_\_\_\_  
DD / MM / YYYY

Change to \_\_\_\_\_  
Surname Given Initials

*Note#1: Documented proof of name change must accompany this form.*

*Note #2: If registered as a Professional Corporation, the Corporation name will be changed only upon the College's receipt of an Article of Amendment.*

**For office use only: The changes indicated above were entered into the CPSA database on (date) \_\_\_\_\_ Initials \_\_\_\_\_**