

Registration and Status Change Form

Physician's Name: _____

Print clearly

CPSA Registration # _____

Yes, I have left/will be leaving Alberta **effective** _____

Month/Day/Year

Address of New Location _____

Phone # _____

Fax # _____

Email _____

Reason for Leaving:

- | | | |
|---|---|--|
| <input type="checkbox"/> Moving to new practice | <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Missionary Work |
| <input type="checkbox"/> Training | <input type="checkbox"/> Maternity Leave | |
| <input type="checkbox"/> Research | <input type="checkbox"/> Sabbatical | <input type="checkbox"/> Other |
| <input type="checkbox"/> Going on locum | <input type="checkbox"/> Vacation | |
| <input type="checkbox"/> Locum ended | | |

Please review the handout entitled "*Options for Physicians Leaving Alberta*".

Then please indicate with a checkmark () which option(s) you require.

- () I would like to remain on the register as a "**non-resident member**".
- () I would like to "**voluntarily erase**" my name from the register.
- () I would like to "**retire**".
- () I wish to remain on the College's mailing list.
- () I do not wish to remain on the College's mailing list.

PHYSICIAN'S SIGNATURE _____