



College of
Physicians
& Surgeons
of Alberta

For office use only

TPP Reg # _____

Effective
Date: _____

2700-10020 100 St NW Edmonton Alberta Canada T5J 0N3
P 780.423.4764 F 780.420.0651 www.cpsa.ab.ca

Triplicate Prescription Program Application Form

*Name:

First Name	Middle Initial(s)	Last Name
<input type="checkbox"/> Physician	<input type="checkbox"/> Dentist	<input type="checkbox"/> Veterinarian

Regulatory Authority License or Registration # _____

Locum practitioner (no address will be printed on pad)

Address to be imprinted on pad

Address

Address

City

Postal Code

Phone Number

****Delivery Address (NO PO BOXES)
(if different than pad address or if doing locums)**

**Street Address

**Street Address

City

Postal Code

Phone Number

*** Physician Contact Number: _____ Fax Number: _____

* Name as you would like it to appear on prescription pads. ** Street address required for courier delivery.
*** Contact number used by CPSA/Courier should delivery issue arise.

The personal information on this form will be collected and shared for the purposes of registration in the Triplicate Prescription Program (TPP). The information may be shared with the printing and courier vendors for the purpose of producing the TPP pads. This information may also be shared with regulatory organizations as set out in the College of Physicians & Surgeons of Alberta Bylaws for the TPP. If you have any questions regarding the collection of this information, contact the TPP by email at TPPinfo@cpsa.ab.ca or by phone toll-free at 1-800-320-8624, ext # 4937 or direct at (780) 969-4932.

Date

Signature

Serving the public by guiding the medical profession

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