

Application Form Special Interest

A Special Interest is defined as an area of practice for which a physician has shown evidence of specific training beyond a typical residency training program. Physicians so approved may advertise a “special interest” in that area of practice. Please note that non-specialists are not permitted to use any Royal College of Physicians & Surgeons of Canada specialist designations.

A. Personal Identification

Name: _____

CPSA Registration #: _____

Mailing Address: _____

Location of Practice: _____

(if different than above): _____

Business Phone No: _____ Business Fax No: _____

Type of Practice: Family:

Specialty: Type: _____

B: Description of Special Interest

I intend to advertise the following special interest. Please attach documentation of your additional training in this area of interest.

C: Application Fee

- I have enclosed a signed cheque in the amount of \$200.00 + GST
- I have provided my Credit Card information on the attached form and approve the College to charge me \$200.00 + GST.

Practitioner's Signature

Date

Please forward your application to:

Quality of Care Department – Registrar Approvals
College of Physicians & Surgeons of Alberta
2700, 10020 – 100 Street NW
Edmonton AB T5J 0N3

Email: tanya.wicks@cpsa.ab.ca / Phone: (780) 423-4764 / Toll Free: 1-800-320-8624 / Fax: (780) 428-2712



College of
Physicians
& Surgeons
of Alberta

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

Credit Card Payment Form

\$200.00 + GST application fee for Special Interest application

Full Name: _____

CPSA Registration or CPSA Tracking Number: _____

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.