

# Consent for Certificate of Professional Conduct (CPC)

I, Dr. \_\_\_\_\_, request that the College email a password-protected CPC to:

1. Organization Name:		
Mailing Address:	Prov/State:	
Postal/Zip Code:	Country:	Email:
2. Organization Name:		
Mailing Address:	Prov/State:	
Postal/Zip Code:	Country:	Email:
3. Organization Name:		
Mailing Address:	Prov/State:	
Postal/Zip Code:	Country:	Email:

## Understandings and Consent

- I understand that by signing this form I give consent to the College of Physicians & Surgeons of Alberta to disclose the following information to the organization(s) identified above:
  - Personal identifiers (physician's name, date of birth, address)
  - Qualifications and credentials
  - Registration information (current register, registration history, terms, conditions and restrictions on licensure)
  - Complaints (open, under appeal, complaints which led to a disposition other than taking no action but short of disciplinary action, former complaints that did not lead to formal action but which, in the opinion of the Registrar, may reflect conduct or a pattern of conduct that should be reported in the best interest of the public)
  - Investigations (current and resolved)
  - Disciplinary actions, excepting dismissals after a hearing (dates, particulars, findings, remedies or sanctions)
  - Relevant non-disciplinary information (conditions arising from health or fitness to practice issues, peer review or other non-disciplinary issue or process, consent agreements or undertakings, consent withdrawal from practice or register, restriction or cancellation of hospital privileges)
  - Findings of guilt, criminal and other (if known to CPSA)
  - Professional litigation history (if known to CPSA)
  - Other information considered relevant by the Registrar
- I understand why I have been asked to disclose this information, and am aware of the risks or benefits of consenting or refusing to disclose this information. I also understand that I may revoke this consent at any time by submitting a written revocation to the College of Physicians & Surgeons of Alberta.
- I understand the total fee payment must accompany this request. **(See Fee and Payment Instruction Sheet.)**
- I understand that processing this request may take up to 15 working days.

Full Name: _____	<input type="checkbox"/> Payment attached OR
CPSA Registration #: _____	<input type="checkbox"/> No charge*
Email: _____	(*No charge for postgraduate trainees currently registered with the CPSA)
Address: _____	
Phone: _____	
Date: _____	Signature: _____

# Certificate of Professional Conduct Fee and Payment Instruction Sheet

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## Fee Calculation

Number of Certificates Requested	Subtotal	TOTAL FEE including GST/HST (see table at right)
1	\$100 or N/A*	\$
2	\$125 or N/A*	\$
3	\$150 or N/A*	\$
More: _____* Attach second form.	\$100 for 1 <sup>st</sup> certificate + (\$25 X _____) = \$ _____	\$

TO CALCULATE TOTAL FEE including GST/HST (based on physician's address)			
Multiply Subtotal by:		Multiply Subtotal by:	
Alberta (5%)	<b>1.05</b>	British Columbia (5%)	<b>1.05</b>
Saskatchewan (5%)	<b>1.05</b>	Newfoundland (13%)	<b>1.13</b>
Manitoba (5%)	<b>1.05</b>	Ontario (13%)	<b>1.13</b>
Quebec (5%)	<b>1.05</b>	New Brunswick (13%)	<b>1.13</b>
Nunavut (5%)	<b>1.05</b>	P.E.I. (14%)	<b>1.14</b>
Yukon (5%)	<b>1.05</b>	Nova Scotia (15%)	<b>1.15</b>
N.W.T (5%)	<b>1.05</b>	Outside Canada (0%)	<b>1.00</b>

\*Certificates are provided **free of charge to postgraduate trainees** currently registered with the CPSA.

## Processing Time

Most requests are processed within 15 business days. If you need it faster, you can arrange to have a courier\* pick up your certificate when it is ready (otherwise we send it via regular mail).

\* *Courier fees are not included in the costs.*

## Payment and Submission

- Complete the [Credit Card Payment Form](#) authorizing payment in the full amount.
- Print, sign and scan both the completed Consent form and the Credit Card Payment form and send together (PDF format) in **one** email to: [certificates@cpsa.ab.ca](mailto:certificates@cpsa.ab.ca).

**Please retain a copy of all documents for your records, and allow up to 15 days for processing.**

**Questions?** Please contact the CPSA Registration Department  
2700 - 10020 100 Street NW Edmonton AB T5J 0N3  
Phone: 780-969-4927 | Email: [certificates@cpsa.ab.ca](mailto:certificates@cpsa.ab.ca)