



# 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 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 sent?  
**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”, please also complete and return to the College a [Professional Corporation Address Change Form](#). If you have trouble downloading the form, email [professionalcorporations@cpsa.ab.ca](mailto:professionalcorporations@cpsa.ab.ca).

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

Change to \_\_\_\_\_  
Surname Given name Initial(s)

*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.*