

Sponsorship Form for Temporary Registration

This form is to be completed by the Alberta sponsor of an applicant for temporary registration on the Courtesy Register. Please return this completed form to the applicant.

Name of the Alberta registered physician who will be supervising the applicant's learning or clinical activity:

Surname: _____ Given names: _____

CPSA Registration Number: _____ Business Phone #: (_____) _____

Email Address: _____

Name of applicant:

Surname: _____ Given names: _____

Province/state/country of applicant: _____

Location of short duration activity:

Street address: _____ City: _____

Province: _____ Postal code: _____

Telephone number: (_____) _____

Nature and purpose of short duration activity:

Nature of applicant's contact or interactions with patients:

Activity start date (dd/mmm/yyyy): _____

Activity end date (dd/mmm/yyyy): _____

Sponsor's signature

Date (dd/mmm/yyyy)

Please return this signed document directly to the applicant. The applicant must send this form with his/her complete application package 30-60 days prior to the start date for which temporary registration is required.