

# Additional Facility Application Form for Registration Class 3b and 4 Lasers

## IMPORTANT

This form is to be used *only* if a laser is used in more than one facility.  
A separate *Compliance Verification Report* must be submitted for each additional facility.

### ADDITIONAL FACILITY INFORMATION

Facility Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

### PLEASE INDICATE WHERE THE EQUIPMENT IS LOCATED:

- Cardiology       Dental       Dermatology       Obs/Gynecology       Oncology  
 Ophthalmology       Physiotherapy       Podiatry       Radiology       Research  
 Surgery       Other \_\_\_\_\_

### ADDITIONAL FACILITY INFORMATION

Facility Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

### PLEASE INDICATE WHERE THE EQUIPMENT IS LOCATED:

- Cardiology       Dental       Dermatology       Obs/Gynecology       Oncology  
 Ophthalmology       Physiotherapy       Podiatry       Radiology       Research  
 Surgery       Other \_\_\_\_\_

The completed compliance report must be attached to this application form when submitted for review and for registration of additional facilities.

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that, to the best of my knowledge, the information contained in this application is complete and accurate and that this equipment and the radiation facility associated with its use, comply with the *Radiation Protection Act* and Regulation.

Please complete and return to the  
 College of Physicians & Surgeons of Alberta  
 Eve Behr, Accreditation and Radiation Equipment Analyst  
 Email: [eve.behr@cpsa.ab.ca](mailto:eve.behr@cpsa.ab.ca)  
 Fax: 780-428-2712

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