

The Sponsor needs to inform CPSA if there has been a change to an sponsored physician's practice, and that physician is in independent practice on CPSA's Provisional Register. This ensures we have accurate information about the physician. If the change is for a physician who is waiting to undergo an assessment, or is currently involved in one, please complete and submit a revised Physician Sponsorship Form instead.

If a physician is changing practice locations or has a new primary practice location, they must also complete and submit a Notification of Change form via email or the [CPSA Physician Portal](#).

ZONE(S):

Central

Edmonton

Calgary

North

South

PHYSICIAN'S FIRST NAME: _____

PHYSICIAN'S LAST NAME: _____

CPSA REGISTRATION NUMBER: _____

TYPE OF CHANGE

Select and complete all sections that apply for the physician named above

Sponsor withdraws sponsorship

Additional details:

Sponsor notes a change in scope of practice

Additional details:

Sponsor notes a change in practice location

New practice address:

Additional details:

Sponsor notes an additional practice location Additional practice address:

Additional details:

Sponsor notes the additional locum location

Locum location address:

Locum dates:

Additional details:

CONTINUE TO NEXT PAGE TO SIGN AND DATE

By signing and submitting this form, the Sponsor confirms that both the physician named above and sponsoring facility are aware of the selected changes. If the changes include a change in zones, please ensure the Sponsor contact in the physician's current and new zone both sign the form below, if applicable.

EFFECTIVE DATE OF SELECTED CHANGES: _____

Sponsor Contact name

Date

Sponsor Contact signature

New Zone Contact name

Date

New Zone Contact signature

If you are unable to sign electronically and use the submit function please email us the signed documents at RegistrationAssessments@cpsa.ab.ca.