

Alberta Health Services (AHS) needs to inform CPSA if there has been a change to an AHS-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 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](#).

## **AHS 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

AHS withdraws sponsorship

Additional details:

AHS notes a change in scope of practice

Additional details:

AHS notes a change in practice location

New practice address:

Additional details:

AHS notes an additional practice location

Additional practice address:

Additional details:

AHS 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, AHS 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 Zone Medical Directors in the physician's current and new zone both sign the form below.

**EFFECTIVE DATE OF SELECTED CHANGES:** \_\_\_\_\_

\_\_\_\_\_  
Zone Medical Director name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zone Medical Director signature

\_\_\_\_\_  
New Zone Medical Director name

\_\_\_\_\_  
Date

\_\_\_\_\_  
New Zone Medical Director signature

**If you are unable to sign electronically and use the submit function please email us the signed documents at [RegistrationAssessments@cpsa.ab.ca](mailto:RegistrationAssessments@cpsa.ab.ca).**