

# Sponsorship Form for Temporary Registration

**The Alberta sponsor supporting the applicant for temporary registration on the Courtesy Register is to complete this form and return it to the applicant.**

## Supervisor Information

(i.e., registered physician supervising the applicant's learning or clinical activity)

Surname: \_\_\_\_\_ Given names: \_\_\_\_\_

CPSA registration #: \_\_\_\_\_ Business phone: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

## Applicant Information

Surname: \_\_\_\_\_ Given names: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_

## Location of short duration activity:

Street address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

## Nature and purpose 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 signature:** \_\_\_\_\_

**Date signed:** \_\_\_\_\_  
(dd/mmm/yyyy)

**Please return this signed document directly to the applicant. The applicant must submit this form to CPSA with their complete application package 30-60 days prior to the start date for which temporary registration is required.**