

Review CPSA's [Change in Scope and Return to Practice Expense Policy](#).

Assessor name: _____
 CPSA registration #: _____
 Payee address: _____

 GST # (if applicable): _____
 Applicant name: _____

Complete all required information on this form for every assessment.
 Incomplete forms will result in delayed payment.

Payment made to

Self Professional Corporation:
 Name: _____
 GST # (if applicable): _____

Payment method

Electronic Funds Transfer (EFT) — Submit [our EFT Direct Bank Deposit Authorization Form](#). You only need to submit this form once to us.

Note: All claims must be submitted to CPSA within **60 days of service**.

Start date (dd/mmm/yyyy)	End date (dd/mmm/yyyy)	Total # of weeks/days	Rate (\$2000/week or \$285.71/daily)	Total
			X \$2,000 (weekly)=	
			X \$2,000 (weekly)=	
			X \$2,000 (weekly)=	
			X \$2,000 (weekly)=	
			X \$2,000 (weekly)=	
			X \$2,000 (weekly)=	
			X \$2,000 (weekly)=	
			X \$2,000 (weekly)=	
			X \$2,000 (weekly)=	
			X \$285.71 (daily)=	
			X \$285.71 (daily)=	
			X \$285.71 (daily)=	
			X \$285.71 (daily)=	
			X \$285.71 (daily)=	
			X \$285.71 (daily)=	
			Invoice total:	

Assessor Signature: _____ Date: _____

Sign and return completed invoice to registrationassessments@cpsa.ab.ca.