



Name \_\_\_\_\_ College Registration Number \_\_\_\_\_ Signature \_\_\_\_\_

- If you work at more than one location, please provide both a Primary and Secondary Address (Sections A and B).
- The College requires at least one phone number where you can be contacted for College purposes. This number can either be a business public or business private phone number (Sections A or B) or a private home number (Section C). If you have more than one contact number, please provide.
- In accordance with the Medical Professions Act, the College requires an address that can be made available to the public (Section E-Public Address).
- The College must have a designated address to which College mail can be sent (Section E-College Mail Address).

■ The changes shown below are effective \_\_\_\_\_ **200** \_\_\_\_\_  
 \_\_\_\_\_  
 Month Day Year

**A. Primary professional address**

1. Address Line 1 \_\_\_\_\_
2. Address Line 2 \_\_\_\_\_
3. City \_\_\_\_\_
4. Province/State/Country \_\_\_\_\_
5. Postal/Zip Code \_\_\_\_\_
6. Business Phone (Public) \_\_\_\_\_
7. Business Fax (Public) \_\_\_\_\_
8. Business Phone (Private) \_\_\_\_\_

**B. Secondary professional address**

1. Address Line 1 \_\_\_\_\_
2. Address Line 2 \_\_\_\_\_
3. City \_\_\_\_\_
4. Province/State/Country \_\_\_\_\_
5. Postal/Zip Code \_\_\_\_\_
6. Business Phone (Public) \_\_\_\_\_
7. Business Fax (Public) \_\_\_\_\_
8. Business Phone (Private) \_\_\_\_\_

**C. Home address – OPTIONAL unless selected in the Address Designation in Section (E).**

1. Home Address Line 1 \_\_\_\_\_
2. Home Address Line 2 \_\_\_\_\_
3. City \_\_\_\_\_
4. Province/State/Country \_\_\_\_\_
5. Postal/Zip Code \_\_\_\_\_
6. Phone (Private) \_\_\_\_\_
7. Listed or Unlisted \_\_\_\_\_
8. Fax (Private) \_\_\_\_\_

**D. Other Contact Information**

1. E-mail Address \_\_\_\_\_  
 Is your e-mail for public release?  Yes  No
2. Pager (for CPSA use only) \_\_\_\_\_
3. Cellular (for CPSA use only) \_\_\_\_\_

**E. Address Designation**

- Public Address:*
- Which address would you prefer to have published in the Medical Directory and made available to the public?  
**You must choose one of the following:**  
 Primary Professional Address  
 Secondary Professional Address  
 Home
- College Mail Address:*
- To which address would you like College mail (e.g. license renewal, The Messenger, Medical Directory, etc.) delivered?  
**You must choose one of the following:**  
 Primary Professional Address  
 Secondary Professional Address  
 Home

**F. Are you currently accepting New Patients?**  Yes  No

**G. Do the changes you have indicated also apply to the Triplicate Prescription Program?**  Yes  No

**H. Do the changes you have indicated also apply to your Professional Corporation?**  Yes  No  
 If "Yes", a *Professional Corporation Address Change Form* must be completed and returned to the College. This form is available in the Medical Directory, on our web site, or by calling the College.

■ Change of Name effective \_\_\_\_\_ **200** \_\_\_\_\_  
 \_\_\_\_\_  
 Month Day Year

Change to \_\_\_\_\_  
 Surname Given Initials

*Note #1: Documented proof of name change must accompany this form.*  
*Note #2: If registered as a Professional Corporation, the Corporation name will be changed only upon the College's receipt of a Certificate of Amendment.*

