



College of  
Physicians  
& Surgeons  
of Alberta

For office use only

TPP Reg # \_\_\_\_\_

Effective Date: \_\_\_\_\_

2700-10020 100 St NW Edmonton Alberta Canada T5J 0N3  
P 780.423.4764 F 780.420.0651 www.cpsa.ab.ca

## Triplicate Prescription Program Application Form

\*Name:

\_\_\_\_\_

First Name
Middle Initial(s)
Last Name

Physician   
  Dentist   
  Veterinarian   
  Nurse Practitioner   
  Podiatric Physician

Regulatory Authority License or Registration # \_\_\_\_\_

Locum practitioner (no address will be printed on pad)

Address to be imprinted on pad	***Delivery Address (NO PO BOXES or OUT OF PROVINCE addresses)** (if different than pad address or if doing locums)
Address _____	**Street Address _____
Address _____	**Street Address _____
City _____ Postal Code _____	City _____ Postal Code _____
"	"
****Phone Number _____	Phone Number _____
	Fax Number _____

Preferred method of correspondence: Regular Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

\*\*\*\*F g r k x g t { Contact Nwo dgt \_\_\_\_\_ , , G/O c k n C f f t g u u: \_\_\_\_\_

\* Name as you would like it to appear on prescription pads.

\*\*Rj { u l e k p u < E R U C ' x g t k l g f ' / o c k i t f f t g u u

The personal information on this form will be collected and shared for the purposes of registration in the Triplicate Prescription Program (TPP). The information may be shared with the printing and courier vendors for the purpose of producing the TPP pads. This information may also be shared with regulatory organizations as set out in the College of Physicians & Surgeons of Alberta Bylaws for the TPP. If you have any questions regarding the collection of this information, contact the TPP by email at [TPPinfo@cpsa.ab.ca](mailto:TPPinfo@cpsa.ab.ca) or by phone toll-free at 1-800-561-3899, ext # 4939 or direct at (780) 969-4939.

Date \_\_\_\_\_

Signature \_\_\_\_\_