



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

## Medical Resident Triplicate Prescription Program Application Form

\*Name:

\_\_\_\_\_

First Name Middle Initial(s) Last Name

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

**Information to be printed on pad**

Residency Program Name \_\_\_\_\_

Location of Residency Program (city) \_\_\_\_\_

Telephone of Residency Program \_\_\_\_\_

**\*\* Delivery Address (NO PO BOXES or OUT OF PROVINCE addresses)**

**\*\*a signature is required at the time of delivery.**

\*\*Street Address \_\_\_\_\_

\*\*Street Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

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

Pager Number: \_\_\_\_\_ \*\*E-Mail Address: \_\_\_\_\_

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

\*\* CPSA Verified e-mail address.

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 of Program Director

\_\_\_\_\_

Please Print Name of Program Director

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant