



SPONSOR INSTRUCTIONS:

1. Please fully read and complete this form
2. Review the Applicant's Eligibility Letter issued by the College of Physicians & Surgeons of Alberta (CPSA)
3. Forward the completed form to the CPSA Registration at registration@cpsa.ab.ca

APPLICANT DETAILS:

Applicant's Last Name: _____ Applicant's Given Name(s): _____

CPSA tracking number: CPSA. _____

Discipline the applicant is being sponsored to practice in: _____

Does the applicant's intended practice match what is outlined in the CPSA Eligibility Letter? Yes No

The applicant requires (as outlined in the applicant's CPSA Eligibility Letter):

Preliminary Clinical Assessment of approximately 3 months and a Supervised Practice Assessment of approximately 3 months

Supervised Practice Assessment of approximately 3 months only

Please list the names of three potential assessors for the Supervised Practice Assessment:

1. _____
2. _____
3. _____

Specific location where applicant will practice following a successful assessment (e.g., Clinic name and address, solo or group practice):

Name(s) of Clinic Owner: _____

N/A

Type(s) of practice the applicant will work in: (check all that apply)

Clinic/Office

Walk-In Clinic Setting

Acute Care In-Patient Setting

Long Term Care In-Patient Setting

Emergency Department

Other: _____

SPONSOR DETAILS:

Sponsors are required to sign an **agreement** with the CPSA identifying both parties' responsibilities as well as the Provincial Physician Assessment Program (PPAP) fees that the sponsor is responsible for paying

Applicant is being sponsored by Alberta Health Services Zone: _____
(Identify Zone)

Anticipated date Applicant is able to start the assessment: _____
(Note: This is not a guaranteed start date) (dd/mmm/yyyy)

Zone Medical Director (please print): _____ Date signed: _____

Zone Medical Director's Signature: _____

Please return completed form to CPSA REGISTRATION DEPARTMENT

Email: registration@cpsa.ab.ca