

Application Form Return to Practice

This assessment process is intended to prepare physicians, previously registered in Alberta, for a safe return to practice after an absence of three or more years.

Applicant information:

Name: _____

CPSA Registration Number: _____

Email: _____

Phone Number: _____

How long have you been out of practice in Alberta? _____
years months

What was your scope of practice prior to your absence? *(please describe)*

Within the past 3 years, have you undergone formal training related to your proposed return to practice area? *(please describe)*

Are you planning on taking formal training relating to your proposed return to practice area? *(please describe)*

In your proposed return to practice area will you be practising in a group practice or hospital setting? *(please describe)*

Signature: _____

Date: _____