



**SPONSOR INSTRUCTIONS:**

If there has been a change involving an AHS Sponsored physician who is currently on the College's Provisional Register, we require this form to be completed and submitted in order to ensure our records of all sponsorship physicians are current and correct.

**AHS ZONE:**

Central Zone

Edmonton Zone

Calgary Zone

North Zone

South Zone

**MEMBER'S DETAILS:**

Physician Last Name: \_\_\_\_\_ Given Name(s) \_\_\_\_\_

CPSA Registration Number: \_\_\_\_\_

**SELECT CHANGE:**

Withdrawal of sponsorship of a physician

Details: \_\_\_\_\_

Change in scope of a sponsored physician

Details: \_\_\_\_\_

Change in location\* of a sponsored physician

Details: \_\_\_\_\_

\*\*If member is changing locations, they must complete a [Notification of Change Form](#)

AHS confirms Sponsoring facility and Member are informed of change

Anticipated date of change: \_\_\_\_\_

(dd/mm/yyyy)

Current Zone Medical Director's (print name): \_\_\_\_\_ Date signed: \_\_\_\_\_

Current Zone Medical Director's Signature: \_\_\_\_\_

***(Use only for change in zone location)***

New Zone Medical Director's (print name): \_\_\_\_\_ Date signed: \_\_\_\_\_

New Zone Medical Director's Signature: \_\_\_\_\_