



**SPONSOR INSTRUCTIONS:**

- Use this form if there has been a change involving an AHS Sponsored physician who is currently holds an **independent license** 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.
- **If physician is awaiting an assessment with the CPSA, or currently in an assessment, please send us a revised Sponsorship Form, not a Change to Sponsorship Form.**

**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: \_\_\_\_\_

Address:

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

Additional Location of a sponsored physician

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

Address:

\*If member's primary location has changed, 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: \_\_\_\_\_

Please return completed form to [registration@cpsa.ab.ca](mailto:registration@cpsa.ab.ca)