

## NOTIFICATION OF CONCERN

To facilitate the obligations under the [Duty to Report a Colleague](#) and [Duty to Report Self](#) standards, please provide some basic information to assist us in referring your concern to the appropriate Assistant Registrar.

Concerns may be directed to [Continuing Competence](#), [Physician Health Monitoring](#), [Physician Prescribing](#) or [Professional Conduct](#). Submitting a concern **does not** mean an automatic complaint, and we will maintain your anonymity during the notification stage of our process.

Your first name:	
Your last name:	
Preferred contact method (phone number or email address):	
Preferred contact time (date/time):	
Tell us a bit about your concern:	

Please email the completed form to Chantelle Dick, Standards of Practice Coordinator: [chantelle.dick@cpsa.ab.ca](mailto:chantelle.dick@cpsa.ab.ca).