



College of Physicians and Surgeons of British Columbia

300-669 Howe Street
Vancouver BC V6C 0B4
www.cpsbc.ca

Telephone: 604-733-7758
Toll Free: 1-800-461-3008 (in BC)
Fax: 604-733-3503

Request for Certificate of Professional Conduct

REQUEST

I, Dr. _____, request that a Certificate of Professional Conduct be forwarded to:

Attention: _____

Name of organization/licensing authority: _____

Address: _____

City: _____ Province/state: _____

Postal code/zip: _____ Country: _____

Telephone: _____ Fax: _____

AUTHORIZATION

My signature below authorizes the College of Physicians and Surgeons of British Columbia to release my information favourable or unfavourable concerning my licensure and registration.

Physician's name: _____

Physician's signature: _____ CPSID: _____

Address: _____

City: _____ Province/state: _____

Postal code/zip: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____

PAYMENT OF FEES

GST# 10695 3961 RT 0001

Once your request has been received, you will be notified via email to submit payment of \$105 (\$100 fee + \$5 GST) online by logging in to the College website.

PLEASE FORWARD THE COMPLETED FORM BY:

MAIL Registration Department
College of Physicians and Surgeons of BC
300-669 Howe Street
Vancouver BC V6C 0B4

FAX 604-733-3503

EMAIL cpc@cpsbc.ca

The information collected in this form will be used for processing your request. If you have any questions about the collection and use of this information, please contact the College at 300-669 Howe Street, Vancouver BC V6C 0B4 or by phone at 604-733-7758 or 1-800-461-3008 (toll-free in BC).