



OUT - OF - PROVINCE PRESCRIBER REGISTRATION FORM

DC 6cl &&\$z <U]ZU 'BG 6' >' 7*
 T - \$&"(- *"+%& 'TF %8, ++!(+*!+++*+
 F - \$&"(, %" %8 +
 k k k "bada d"WU

SECTION A – CONTACT INFORMATION

GI FB5A9.	: FGH'B5A9.	A=88@9B5A9.	
85H9C: '6-FH<.	7CI BHFMC: '6-FH<.	; 9B89F.	
SSSS#SS SS#SSSSSS 88 # AA #MMMM			
OFFICE ADDRESS fBi D@75H9 D58G'K =@69 G9BH'HC 'H<=G '@C75H-CBL B5A9 ' f5G'NCI 'K CI @8 '@9' +HC 5DD95F 'CB D58G< 5888F9GG @B9 % 588F9GG @B9 &		CORRESPONDENCE ADDRESS fCDH-CB5@L 588F9GG @B9 % 588F9GG @B9 &	
7+HM#ICK B.	DFCJ =B79.	7+HM#ICK B.	DFCJ =B79.
DCGH5@7C89.		DCGH5@7C89.	
H9@9D<CB9.		H9@9D<CB9.	
: 5L 'BI A 69F.		: 5L 'BI A 69F.	
9A 5=@fCDH-CB5@L		9A 5=@	

SECTION B – EDUCATION AND LICENSING INFORMATION

ORIGINAL MEDICAL/DENTAL/NURSING DEGREE			
; F5BH-B; 'I B=J 9FG+HM	7CI BHFMC	; F58I 5H-CB 'M05F.	
DFCJ =B7-5@=-79BG9#9; =GHF5H-CB 'BI A 69F.		A 98=75@=-89BH=-75H-CB 'BI A 69F 'C: '75B585 fA =B7L=	
		5DD@=756@9.	

SECTION C – TYPE OF PRACTICE

D@95G9 @GH'NCI F '7I FF 9BH' DF 57H=79 G9HH-B; #GD97-5@HMCF 'GD97-5@H-9G.

8C 'NCI 'DF 57H=79 'B 5'7@B=75@; FCI D'G9HH-B; 3 'M0G 'BC

= 'M0G ZD@95G9 'DF =BH'CF '5HH57< @9HH9F < 958 K =H< H<9 B5A 9G'C: 'H<9'CH<9F 'DFCJ =89F G'H<5H'A 5MDF 9G7F =69: CF 'NCI F 'D5H-9BHG.

SECTION D - AUTHORIZATION

H<9 DF 9G7F =DH-CB 'A CB +HCF =B; '6C5F 8 'F 9E I =F 9G'H<5H'H<9'56CJ 9' =B: CFA 5H-CB '69 7C@97H98/ =B7CAD@9H9: CFA G'75BBCH '69' DFC 79GG98"

=I B89F GH5B8 'H<5H'6MF 9; =GH9F =B; 'K =H< 'H<9'BCJ 5'G7CH-5'DF 9G7F =DH-CB 'A CB +HCF =B; 'DFC; F 5A 'K =@69' =89BH= =98 '5G'5' DF 9G7F =69F 'CB '5@A MDF 9G7F =DH-CBG: f'BC'N' GH'A CB +HCF 98' DF 9G7F =DH-CBGL'F 97CF 898' =B' H<9'BCJ 5'G7CH-5'8FI ; =B: CFA 5H-CB 'GMGH9A"

=79FH= MH<5H' =5A =B; CC8 'GH5B8 =B; 'K =H< 'A MDFCJ =B7-5@=-79BG =B; '6C8M5B8 'H<5H'H<9' =B: CFA 5H-CB ; =J 9B 'CB 'H<=G' F 9; =GHF 5H-CB : CFA =G'577I F 5H9"

SIGNATURE:
DATE: