

Change of Address Notification

This form is provided for members to notify the College of any change in address

Each member is required by law to report the address of his or her primary place of medical practice. This address is a matter of public record in the College Register and must be reported promptly. In addition, a member may designate another address as their preferred mailing address for College communications. This second address is not available to the public.

If a member is not in active medical practice, he or she may so indicate by checking off the box in the practice address section; however, in that case the member must supply a mailing address.

If you have a change of address or information please mail or fax this form to:

Membership Services
College of Physicians & Surgeons of Ontario
80 College Street
Toronto, Ontario
M5G 2E2
Fax: (416) 967-2623

Updated information

CPSO REGISTRATION NO.

SURNAME

GIVEN NAMES

PRIMARY PRACTICE ADDRESS

NOT IN PRACTICE

POSTAL CODE

AREA CODE

PHONE NUMBER

()

AREA CODE

FAX NUMBER

()

E-MAIL ADDRESS:

EFFECTIVE DATE

MAILING ADDRESS

SAME AS PRIMARY PRACTICE ADDRESS

POSTAL CODE

AREA CODE

PHONE NUMBER

()

AREA CODE

FAX NUMBER

()

E-MAIL ADDRESS:

SIGNATURE

If completing this form online, please print out and add your signature manually before faxing or mailing to the College.

IMPORTANT FOR SECURITY – please provide the following information:

Date of birth _____

Name of base hospital during your Internship (PGY1) _____