



0 - 10020 100 Street NW
Edmonton, AB, Canada T5J 0N3

MEMBER PRACTICE PERMIT



✂ Cut along the dotted line

☞ Fold along the grey line

Dr. <input type="text"/>	Expiry Date: <input type="text"/>		PRACTICE PERMIT <i>issued pursuant to the Health Professions Act</i>
Practice Conditions:			
• May provide medical services only while in the course of receiving medical instruction			
End of Conditions			
College of Physicians & Surgeons of Alberta			
Name: Dr. <input type="text"/>			
Category of Registration: <input type="text"/> Courtesy Register - Learner			
Registration Number: <input type="text"/>	Designation: <input type="text"/> Non-Specialist		
Effective Date: <input type="text"/>	Expiry Date: <input type="text"/>		