

Application for Additional Prescribing Authorization

Fee Payment

Applicants Name: _____

ACP Registration Number: _____ Email Address: _____

Assessment Fee

This fee is for a new application

Fee	350.00
GST	<u>17.50</u>
Total	\$367.50

Re-Assessment Fee

The fee is for a second submission of an application

Fee	225.00
GST	<u>11.25</u>
Total	\$236.25

Payment Options

Cheque # _____

Credit Card - Visa or MasterCard Only

Credit Card Information

Credit Card Number _____

Name on Credit Card _____

Expiry Date (MM/YY) _____ Security Code (3 digits on back of card) _____

Cardholder's signature _____ Date _____

Cardholder's phone # _____ Cell # _____
Area code-phone # Area code-phone #

For Office Use Only

Date Transaction Processed: _____