

Application for Letter of Standing

This application must be completed in its entirety, signed by the applicant and returned to the ACP office (fax or email). Payment must accompany this request. The original letter will be mailed to the organization indicated below. A copy of the letter and receipt for payment will be provided to the applicant.

Please allow 15 business days for processing

Applicant's Information

_____	_____	_____
First Name	Last Name	ACP Registration Number

Address		
_____	_____	_____
City/Town	Province/State	Postal/Zip Code
_____	_____	
Telephone	Cell Phone	

Organization Information (where the letter of standing will be issued to)

Name of Organization		

Address		
_____	_____	_____
City/Town	Province/State	Postal/Zip Code
_____	_____	
Telephone	Fax Number	

I acknowledge and consent that ACP provide a Letter of Standing to the organization above and that the letter will contain the following information, where applicable:

1. Full name
2. Home address as on file
3. Current and/or previous membership status(es) and effective date(s)
4. Registration number
5. Date of birth
6. Date of initial registration with the Alberta College of Pharmacy
7. University/College attended
8. Graduation date
9. Information pertaining to any
 - suspensions of license;
 - conditions or limitations of license;
 - findings of professional or proprietary misconduct, incompetence, or impairment;
 - voluntary withdrawals from practice or from a register and reasons, if known by the College; or
 - open complaints.
10. Any other information on file that the requesting organization has deemed a requirement for registration within that province/state.

By signing this application, I agree to the collection, use and disclosure of this information to process my application for a letter of standing.

_____	_____
Signature	Date

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Fee Payment

Applicants Name: _____ ACP Reg #: _____

Registrant Letter of Standing Fees \$105.00 (\$100 plus GST of \$5.00)

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: _____