

Application for Letter of Standing

This application must be completed in its entirety, signed by the applicant and returned to the ACP office. Application submission can be accepted via fax or mail – no emails please.

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:

<ul style="list-style-type: none"> - suspensions of license; - conditions or limitations of license; - findings of professional or proprietary misconduct, incompetence, or impairment; 	<ul style="list-style-type: none"> - voluntary withdrawals from practice or from a register and reasons, if known by the College; or - open complaints.
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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 #: _____

For your security, ACP will only accept payment information via fax or mail. Email is not considered a secure method of providing credit card information according to Payment Card Industry (PCI) standards.

Registrant Letter of Standing Fees \$120.75 (\$115.00 plus GST)

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: _____