



Professional and Facility Registries
10025 Jasper Ave NW
PO Box 1360 Station Main
Edmonton AB T5J 2N3

For office use only

Pharmacists Provider Information

Section A - Identification

Have you ever been registered with Alberta Health and Wellness as a service recipient or practitioner? Yes No

If yes, provide your Personal Health Number

If no, provide your out of province health number (if applicable) Province/Territory

Last Name		First Name	Middle Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth <input type="text"/>		

Business Mailing Address		Residential Mailing Address	
City	Province/Territory	City	Province/Territory
Country	Postal code	Country	Postal code
Phone <input type="text"/> Area Code <input type="text"/> Extension <input type="text"/>	Phone <input type="text"/> Area Code <input type="text"/>		
Fax <input type="text"/> Area Code <input type="text"/>	Fax <input type="text"/> Area Code <input type="text"/>		

Section B - Professional Association Registration

Name of College, Association or Licensing Body registered with

Date Registered Licence Number

A copy of your licence, registration or letter from your licensing body must be attached.

Section C - Authorization (This section must be completed before this form is considered valid.)

Service Provider's signature Date

Please return completed forms to Professional and Facility Registries at the address above, or fax to (780) 422-3552. If you have any questions, call (780) 422-1522, or toll free in Alberta at 310-0000 then (780) 422-1522.

This information is being collected to enrol you for programs or benefits funded by Alberta Health and Wellness, pursuant to sections 20(b) and 27 of the *Health Information Act*. The confidentiality of this information and your privacy are protected by the provisions of the *Health Information Act* and the *Alberta Health Care Insurance Act*. If you require further information, contact Professional and Facility Registries.