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Application for a letter of standing

To request this letter, upload this completed application in myACP under the letter of standing Service Catalog item and provide payment. The letter of standing will be provided to the organization listed below. 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

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

Organization name

Address

City/town Province/state Postal/zip code

Phone number Fax number Email address

I consent to the Alberta College of Pharmacy (ACP) to provide a letter of standing to the organization above and acknowledge that the letter may contain the following information, where applicable:

- full name;
- date of birth;
- registration number;
- date of initial registration with ACP;
- current registration status;
- history (up to five years) pertaining to:
 - registration status(es), and
 - authorizations;

- history (up to 10 years) pertaining to:
 - conditions, restrictions, or limitations imposed on practice permit;
 - suspension of practice permit;
 - cancellation of practice permit; and
 - complaints that were referred to a hearing tribunal and hearing decisions;
- open complaints where investigations or hearings have not been concluded; and
- any other information on file that ACP deems applicable or 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 the above information and the provision of a letter of standing to the organization above.

Signature

Date