



Please submit this 2018-2019 renewal form with your continuing education records:

Name: _____ Date: _____

Personal Contact Information

Mailing Address: _____

Phone (home): _____

Phone (mobile): _____

Phone (work): _____

Preferred Email address: _____

Employment Information

Current Position(s): _____

Do you practice in other provincial jurisdictions? Yes No

If yes, please indicate jurisdiction(s): _____

Method of Payment: _____ E-payment _____ Cheque/Money Order

NOTE: Cheques will be deposited and E-payment processed between April 1 and April 7, 2018. If choosing E-payment please keep this date in mind. Most banks require that the process be completed within 30 days or the transaction is terminated.

Please highlight or circle any changes to your contact information from last year.

Submit form even if there are not changes.

Please keep the Registrar informed of any changes in your contact information throughout the coming year.