



COLLEGE OF PODIATRIC SURGEONS OF BRITISH COLUMBIA

FORM 4

**APPLICATION FOR REGISTRATION RENEWAL
FULL AND NON-PRACTISING REGISTRANTS**

For registration year January 1, 2018 – December 31, 2018

IMPORTANT: All required documentation must be received before your application will be processed

Please submit this form and all other required documentation and materials, with the annual registration fee for 2018. Information re additional required information is attached to this Form 4.

A fee invoice will be sent with this form to all current Full or NP registrants.

The 2018 fee for Full Registration is \$ 4100. Payment may be made in 2 installments.

The 2018 fee for Non-Practising Registration is \$ 200.

1. YOUR CPS-BC REGISTRATION NUMBER : _____ (not your MSP billing no.)

2. YOUR NAME(S) :

Aliases

3. YOUR MAIL CONTACT INFORMATION FOR COLLEGE PURPOSES :

_____ Street Address

City Province Postal Code

Phone(s) Fax Email

4. YOUR PRACTICE LOCATIONS (you must provide all locations; attach an additional sheet if necessary):

Practice 1 Entity Name Street Address

City Province Postal Code

Phone(s) Fax Email

Practice 2 Entity Name Street Address

City Province Postal Code

Phone(s) Fax Email

THIS IS SIDE 1 – PLEASE ENSURE THAT SIDE 2 IS COMPLETE

