



Duplicate Certificate of Registration Form

This form is used to apply for a Duplicate Certificate of Registration. The Duplicate Certificate of Registration will be issued to you at the mailing address you have indicated below. Please inform the College of ALL changes to your primary, alternate clinic and home addresses and contact information.

*This form can be filled out **electronically** or by hand.*

Section 1: Member's Information

1. a) Member's Name and Registration

Salutation: Ms. Mrs. Mr.

Certificate of Registration #:

Last Name:

First Name:

Indicate the address where this Duplicate Certificate of Registration will be displayed:

Clinic Address

Mailing Address

1. b) Clinic Name and Address

Clinic Name:

Address:

Unit/Suite:

City:

Province:

Postal Code:

Email:

Phone:

Fax:

1. c) Mailing Address

Same as above

Address:

Unit/Suite:

City:

Province:

Postal Code:

Email:

Phone:

Fax:

