College of REGISTERED PSYCHIATRIC NURSES of Alberta

DOCUMENT REQUEST

1.) Document Request Forms are accepted via email, mail, or fax.

2.) Once the completed form is received and processed, CRPNA will notify you by email to call the office with your Credit Card/Debit Card information.

Acceptable methods of payment are:

- Visa, MasterCard, Visa Debit, & MasterCard Debit.
  Do not email credit card information as email is not a secure method.

SECTION A: Registrant Information

First/Given Name	Last/Family Name	Registration #

Email Address	Home Phone	Cell Phone

SECTION B: Document Requested

- ☐ $50.00 Verification of License or Confirmation of Registration
- ☐ $50.00 Verification of Self-Reported Hours
- ☐ $50.00 20-Year Service Confirmation Letter
- ☐ $15.00 Duplicate Tax Receipt (Per Year) Year _____
- ☐ $50.00 Copy of Transcript (per transcript) (AB Hospital Edmonton School & AB Hospital Ponoka School)
  Name at Graduation: _____
- ☐ $75.00 Copy of Registrtion File

SECTION C: Where to Send the Completed Form

Organization/Name	Email Address

Mailing Address

City	Province	Postal Code

◯ Send Via Email Address listed ◯ Mail to Address listed

I give my consent to CRPNA to provide the information requested to the Organization or Individual listed in section B of this form.

_____ _____

Date Applicant's Signature

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T: 780-434-7666 F: 780-436-4165 Toll Free: 1-877-234-7666 E: crpna@crpna.ab.ca