

To apply for POSP funding, please provide the following information.

### Step 1: Identify the physician applying

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle name/Initial: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

AMA #: \_\_\_\_\_

Practitioner ID#: \_\_\_\_\_

Email address: \_\_\_\_\_

Number of patient visits per day: \_\_\_\_\_

### Step 2: Designate a clinic contact

Your clinic needs to designate a primary contact for scheduling POSP site visits, as well as discussing outcomes, funding, or other contractual obligations.

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle name/Initial: \_\_\_\_\_

Salutation (Dr., Ms., Mr., Mrs.): \_\_\_\_\_

Title: \_\_\_\_\_

Office phone: \_\_\_\_\_

Direct line/ext: \_\_\_\_\_

Email address: \_\_\_\_\_

Fax: \_\_\_\_\_

### Step 3: Provide clinic name and address

POSP will use this clinic address for all correspondence and site visits.

Clinic name: \_\_\_\_\_

Address (include suite number): \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

Postal code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### Step 4: Submit this application by fax or mail

Physician Office System Program  
Suite 300, 12431 Stony Plain Rd NW  
Edmonton, AB T5N 3N3  
Fax: 780.452.1869  
Toll Free: 1.866.817.3875  
Email: [posp@posp.ca](mailto:posp@posp.ca)

**Please note:** POSP funds are tied to individual physicians. An unreported clinic relocation or other work change can affect the flow of program funds to the right physician, eliminating locum funding and forcing repayment issues and delays to correct the change. Notify POSP of any change in your working circumstances or to information listed on this application by submitting a Change Form found at [www.posp.ca/resources/publications](http://www.posp.ca/resources/publications)

For more information visit [www.posp.ab.ca](http://www.posp.ab.ca) or call 780.452.1616 or 1.866.817.3875