

Note: please fax the completed form to the POSP Operations Administrator at 780.452.1869.

Last name: _____ First name: _____

Step 1: Clinic Address Change **No Change** **AMA#** _____

New clinic office information (POSP will use this clinic address for all correspondence and site visits.)

Physician Email: _____ Clinic Email: _____

Clinic name: _____

Address (include suite number): _____

City: _____ Postal code: _____

Phone: _____ Fax: _____

New clinic contact

Name: _____ Title: _____

Direct line/ext: _____ Email: _____

Effective (mm/dd/yy): _____

Step 2: Payment information change **No change**

To authorize POSP to deposit directly to your financial institution, attach a VOID CHEQUE.

Effective date for bank information change request (mm/dd/yy): _____

Step 3: Vendor information change **No Vendor selected** **New Vendor (detail)**

Vendor: _____ Application name: _____

Version: _____ Platform (Mac or PC): _____

Delivery (ASP or local): _____ Operating system (Windows or OSX): _____

Go live date (dd/mm/yy): _____ **(check one)** **Planned** **Actual**

Completed Vendor information confirms that a contract with a vendor has been executed.

Step 4: Exit agreement **An exit agreement is in place** **Solo practitioner**

An Exit Agreement is a financial agreement between POSP physicians that share practice space which sets out what will happen if a physician leaves the practice. POSP requires confirmation that an Exit Agreement is in place to process this form. Solo practitioners are not required to complete this agreement.

Step 5: Sign and submit the Change Request Form

Physician signature: _____ Date: _____

For more information visit www.posp.ab.ca or call 780.452.1616 or 1.866.817.3875

----- **For POSP Office Use Only** -----

VCUR Compliant Initial of OA: _____ Date: _____