



PRACTITIONER INFORMATION

Change/Notification Form

The personal information collected by this form is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act of Alberta. Detailed information about how your information will be used is available at <https://www.albertahealthservices.ca/medstaff/Page16933.aspx>. If you have any questions about the collection of your personal information please contact the CMO at CMO@ahs.ca.

PRACTITIONER			
Last Name	First Name	Middle Name	Effective Date of Changes

Instructions

- Complete ONLY the sections where changes apply and submit this form to each applicable Zone Medical Affairs Office.
- If you currently receive an honoraria or stipend through AHS Accounts Payable, you may also need to submit a Vendor Update Form.
- Please be advised, we do not have information sharing agreements at this time to provide this information to other entities. You may also need to notify: your professional college, affiliated university, liability insurer, Alberta Health, and diagnostic and laboratory partners.

PART 1: NAME CHANGE <i>(only identify changes in the relevant fields)</i>			
Last Name	First Name	Middle Name	Known As/Common Name

Please attach proof of Legal Name Change.

PART 2: CONTACT INFORMATION CHANGE <i>(it is your responsibility this is kept up to date)</i>			
Professional Address		Home/Personal Address	
Address Line 1:		Home Line 1:	
Address Line 2:		Home Line 2:	
Address Line 3:		Home Line 3:	
Country:		Country:	
Province:	City:	Province:	City:
Postal Code:		Postal Code:	
Primary Phone:	<input type="checkbox"/> Business <input type="checkbox"/> Home	<input type="checkbox"/> Land Line <input type="checkbox"/> Mobile <input type="checkbox"/> Pager	
Alternate Phone:	<input type="checkbox"/> Business <input type="checkbox"/> Home	<input type="checkbox"/> Land Line <input type="checkbox"/> Mobile <input type="checkbox"/> Pager	
Alt. Phone 2:	<input type="checkbox"/> Business <input type="checkbox"/> Home	<input type="checkbox"/> Land Line <input type="checkbox"/> Mobile <input type="checkbox"/> Pager	
Fax:			

You will be provisioned an AHS Network Account and AHS Email Address which will be AHS's preferred method of communication once your Medical Staff Appointment Application has been approved. During the application process we will communicate with your Alternate Email. AHS Email will also be shared with the Zone Medical Staff Association <http://albertazmsa.com/cams>

Alternate Email 1:	
Alternate Email 2:	

SHARING INFORMATION WITH YOUR ZONE MEDICAL STAFF ASSOCIATION (ZMSA) http://www.crmsa.org/
AHS encourages members of the Medical Staff to join their local ZMSA. To support your local ZMSA, AHS wishes to share your name and non-urgent contact information indicated above with your local ZMSA; e.g. Calgary and Area Medical Staff Society (CAMSS)
<input type="checkbox"/> I do NOT agree that AHS may share my name and non-urgent contact information with the ZMSA where I have my Primary Appointment

REQUESTOR <i>(if not the Practitioner)</i>		
Requestor Name	Requestor Title - Department	Requestor Phone Number

PLEASE SUBMIT THE COMPLETED FORM TO THE RELEVANT ZONE MEDICAL AFFAIRS OFFICE

NORTH: nz.privileging@ahs.ca	CALGARY: CAL.MedicalStaffOffice@ahs.ca
EDMONTON: EDM.MedicalAffairs@ahs.ca	SOUTH: SZ.MedicalAffairs@ahs.ca
CENTRAL: cz.maprivileging@ahs.ca	COVENANT HEALTH: Linette.Morton-Banks@covenanthealth.ca