

General Registrant Renewal Form

Please note: Registration Renewal form must be submitted annually upon renewal even if there are no changes. Please highlight or circle any changes to your contact information from last year.

Name:	
Home Address	
Street / Apt:	City:
Province:	Postal Code:
Phone:	Email:
Current Employment (if applicable)	
Position Title:	
Area of Practice:	
Organization:	
Street:	City:
Province:	Postal Code:
Employment Status: Full-Time Part-Time Self-employed	
Employer/Supervisor Name(s): Phone: Email:	

Do you practice in other provincial jurisdictions: Yes No

If yes, please indicate jurisdictions:

Method of Payment: Cheque E-transfer

If your payment is sent from an account not in your name, please indicate the sender:

Professional Conduct Screening

Please indicate the following:

1. Are there any existing charges against you in any jurisdiction in respect of any federal, provincial, or other offences?

Yes No

If yes, please provide details:

2. Are there any existing conditions, terms, orders, directions or agreements in any jurisdiction relating to your custody or release (bail conditions) in respect of any provincial or federal offence processes?

Yes No

3. Are you currently the subject of any investigations or proceedings for professional misconduct, incompetence or incapacity or any similar proceeding in relation to another profession, or in another jurisdiction in relation to any profession?

Yes No

4. Has any finding of professional negligence been made against you within or outside Canada?

Yes No

Declarations and Screening (check boxes required)

By checking the boxes below, I confirm that:

- ☐ All statements contained in this application are accurate. I understand that a false or misleading statement, omission, or misrepresentation may result in disqualification of my renewal for membership.
- ☐ I will notify the CDPEI Registrar within thirty (30) days of any changes to the information contained in this form.

Signature: _____ Date: _____