



1000-1661 PORTAGE AVENUE WINNIPEG, MANITOBA R3J 3T7  
TEL: (204) 774-4344 FAX: (204) 774-0750  
WEBSITE: www.cpsm.mb.ca

**AUTHORIZATION FOR PAYMENT FOR:**  
Full (Practising) Class Registration OR  
Provisional Registration (Family Practice Limited)

- Visa  
 MasterCard  
 American Express

Total Amount Authorized: \_\_\_\_\_

**Fees:**

1.  Balance of Registration Fee \$40
2.  Certificate of Practice fee (\$300 per month) (*valid only to 31 October 2020*)

Check requested months:

- July 2020  
 August 2020  
 September 2020  
 October 2020

Applicant Name: \_\_\_\_\_

Name on card (please print) \_\_\_\_\_

Credit card number \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Expiry date \_\_\_\_/\_\_\_\_ (mm/yy) CVV # \_\_\_\_\_

Credit Card Authorization signature \_\_\_\_\_

**PLEASE FAX (204) 774-0750 OR MAIL OR EMAIL YOUR INFORMATION  
TO OUR OFFICE.**

**Office Use Only**

**ATTENTION: Qualifications Department Review Analyst:**

- Joanne Conway  
 Alyson Wiebe