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WEBSITE: www.cpsm.mb.ca

## PRACTICE LOCATION FORM

NAME OF APPLICANT

\_\_\_\_\_

Last Name

\_\_\_\_\_

Given Names

Practice start date **(MANDATORY)** \_\_\_\_\_

**(Please note, registration will not be issued without a confirmed start date in Manitoba)**

Practice location **(FULL ADDRESS MANDATORY)**

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## CONTACT INFORMATION

Please provide the following contact information:

Office Phone Number <b>(MANDATORY)</b>	
Private Office Number	
Cell Phone Number	
Direct Contact Number <b>(MANDATORY)</b>	
Email Address <b>(MANDATORY)</b>	