

Application form for NSID Code

Please complete all of the information in the form below. The following information is required to create an nsid code (3 letters, 3 numbers) to access CPDP online courses.

Name:	
First / Middle / Last	
Work*	Residential*
Address:	Address:
Number and Street Name	Number and Street Name
City and Province	City and Province
Postal Code	Postal Code
Phone:	Phone:
SCP# D	Email:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth:

Do you have a University nsid number? No
 Yes. What is your nsid ID? _____

**Please fax the completed form to the CPDP Office at 966-6377

- This form is to allow me to take the Prescriptive Authority -- Level 1 Basics as a refresher course.
- This form is to accompany my Prescriptive Authority -- Level 1 Basics registration form.
- This form is to accompany my Prescriptive Authority – Minor Ailments registration form.
- This form is to accompany my ECP registration form.