



CAPACITY ASSESSOR ROSTER CONSENT FORM For Designated Capacity Assessors

Send the completed form to: SCSS.OPGT-CapAssmnt@gov.ab.ca or Office of the Public Guardian and Trustee, Provincial Office, 4th Fl. John E. Brownlee Bldg., 10365 – 97 St NW, Edmonton, Alberta T5J 3Z8. If you have any questions, please call (780) 427-2744.

The purpose of this form is to authorize the Minister of Assisted Living and Social Services (ALSS) to include your name and business contact information on a capacity assessor designation list that will be made publicly available. By signing, you understand that ALSS has no further control over how this information is, or will be, used once it is made publicly available.

Contact Information

First Name: _____ Last Name: _____

Name to Appear on Roster (if different than above): _____

Professional Affiliation

- ☐ Registered Nurse ☐ Nurse Practitioner ☐ Psychiatric Nurse
☐ Occupational Therapist ☐ Social Worker

Registration Number: _____

Which roster is applicable to you:

- ☐ Roster 1: Private Practice
☐ Roster 2: By Employer

Roster 1: Private Practice

(Only include private practice information as you intend for it to appear on the roster)

Business Name: _____

Street Address 1: _____

Street Address 2: _____

City: _____ Province: _____

Postal Code: _____ Phone Number: _____

Email Address: _____

Communities you will travel to: _____



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Roster 2: Employer

(Only include employer information as you intend for it to appear on the roster)

Employer: _____

Facility Name: _____

Street Address 1: _____

Street Address 2: _____

City: _____ Province: _____

Postal Code: _____ Phone Number: _____

Email Address: _____

Details of Authorization

For further clarity, but not limiting the generality of the FOIP Disclaimer below, I understand that my name and contact information shall be maintained on the publicly available capacity assessor list for so long as I am a capacity assessor pursuant to the Adult Guardianship and Trusteeship Act or until I request that it be removed. My contact information will be maintained by the Office of the Public Guardian and Trustee and may be used or disclosed by the Office of the Public Guardian and Trustee as necessary now or in the future for purposes including but not limited to the administration of the Adult Guardianship and Trusteeship Act.

Authorization for your name to appear on the requested roster(s)

Signature: _____ Date: _____

FOIP Disclaimer: The information collected on this form is collected under authority of section 33 (a) and (c) of the FOIP Act in accordance with section 7(4) of Ab Reg. 219/2009. The information will be used and disclosed for the purposes of fulfilling the Minister's obligations under the AGTA regulations for maintaining a registry of Capacity Assessors and making the information in the Registry publicly available and for other administrative purposes related Classification: Protected A to the administration and operation of the AGTA and associated regulations. If you have any questions about the collection of your information you may contact: Capacity Assessment Office, SCSS.OPGT-CapAssmnt@gov.ab.ca