

CAPACITY ASSESSOR ROSTER CONSENT FORM For physicians and psychologists only

This form authorizes the Minister of Justice and Solicitor General (JSG) to include your name and business contact information on a publicly available list of capacity assessors. JSG has no control of this information once it is publicly available.

Send the form to:
Office of the Public Guardian and Trustee
4th Floor, John E. Brownlee Building
10365 97 St. NW
Edmonton, Alberta T5J 5A6

Questions? Call 1-877-427-4525.

Contact information (do not use your home address or contact information)

Name:		
	eter:	
Professional accreditat	ion:	
Business address:		
Phone:	Email:	
Roster consent		
long as I am a capacity a Public Guardian and Tru	assessor pursuant to the Adult Guardia	available on the capacity assessor list for so anship and Trusteeship Act. The Office of the se or disclose, my information as necessary for, and Trusteeship Act.
Signature		Date
Signature of witness		 Date

FOIP disclaimer: The information on this form is collected under authority of section 33 (a) and (c) of the FOIP Act in accordance with section 7(a) of Ab Reg. 219/2009. The information is used to fulfill the Minister's obligations under the AGTA regulations to maintain a registry of capacity assessors, to make the information in the registry publicly available and for other administrative purposes. If you have any questions about the collection of your information, call 1-877-427-4525.