



Physicians are welcome to submit their application through MSPEI. Program Leaders are welcome to submit their application through Health PEI.

MSPEI
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Health PEI
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16 Garfield Street
Charlottetown, PE C1A 6A5

GENERAL INFORMATION

- 1. Date: _____

- 2. Applicant Name: _____

- 3. Organization/Affiliation: _____

- 4. Applicant Contact Information:
 - a. Phone Number _____
 - b. Email _____
 - c. Fax _____
 - d. Mailing Address _____

What fee code amendment application does this concern?

Do you support the amendment to the Tariff of Fees as proposed in the application? If yes, why? If no, why not? Please provide as much detail as possible.

Submit Your Application:

Save and submit the form. Physicians are to submit their application to MSPEI. Program Leaders submit their application to Health PEI.

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Your application form will be reviewed at the next scheduled FCAC meeting. The Committee meets on a quarterly basis.