alberta dental association & college

Consent for Release of Information

Please complete this form and return it to:
Alberta Dental Association and College
Attn: Registration
Suite 402, 7609 – 109 Street
Edmonton, AB T6G 1C3

I, Dr. Name of Applicant
(FIRST NAME / LAST NAME)

have made application with the Alberta Dental Association and College for a
(RECEIVING JURISDICTION)

Certificate of Registration/License in order to engage in the practice of dentistry in Alberta.

The Alberta Dental Association and College, as part of its registration/licensure process, requires that its Certificate of Standing form be completed by every jurisdiction in which I was licensed and/or engaged in the practice of dentistry. As most jurisdictions require my consent to release the requested information I am hereby signing my permission to and irrevocably authorize and direct the

Name of Regulatory Body
(ORIGINATING JURISDICTION)

to provide, at my expense, any information requested by the Alberta Dental Association and College. I understand and accept that this means providing full disclosure of any and all information you have that was obtained while performing your adjudicative function. This can include but is not limited to, amongst other matters, information whether deemed public or non-public, undertakings or agreements, verbal or written between me and the

Name of Regulatory Body
(ORIGINATING JURISDICTION),

complaints, investigations, inspections, my professional conduct, competence, fitness and capacity, past and present, including providing a copy of any written information in my

Name of Regulatory Body
(ORIGINATING JURISDICTION)

file pertaining to these matters and this shall be your full final and irrevocable authority for so doing.

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Moreover, the Alberta Dental Association and College may wish further information or clarification respecting information it receives from the

Name of Regulatory Body
(ORIGINATING JURISDICTION)

in connection with my application and I hereby further authorize the

Name of Regulatory Body
(ORIGINATING JURISDICTION)

to assist and co-operate with the Alberta Dental Association and College in providing any other/additional information it might request or that you, the

Name of Regulatory Body
(ORIGINATING JURISDICTION),

deem to be relevant to my application in Alberta.

It is understood and acknowledged by me that I have been advised by the Alberta Dental Association and College that I might wish to obtain legal advice prior to executing this consent and that I have either done so or have had sufficient opportunity to do so prior to executing this consent for release of information. I am signing this document of my own free will, voluntarily and without coercion, having read it and having understood it.

IN WITNESS WHEREOF I have duly executed this release form this_____day of_____, 20____.

Printed Name of Applicant

Signature of Applicant

Printed Name of Witness

Signature of Witness