



# Clinical Refresher Course Letter Request and Consent for Release of Information

*We will issue your Clinical Refresher Course Letter within 10 business days. We will send it directly to the school you indicate. It is your responsibility to contact the school to enroll in the clinical refresher course.*

## Personal Information

Name \_\_\_\_\_ Registration # \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**I am requesting that a Refresher Letter be submitted on my behalf to:**

 Columbia College     Northern Alberta Institute of Technology

## Consent

*We disclose Regulatory Information about you in a Clinical Refresher Course Letter such as:*

- name
- registration number
- current status
- registration/membership history (type and dates of statuses held)
- authorized practice
- any other information that may be requested by the recipient

I (print name) \_\_\_\_\_ hereby provide irrevocable consent and direction to the College of Alberta Dental Assistants to disclose information about me to the recipient I indicated above.

Signed \_\_\_\_\_  
Applicant's Signature Date (MM/DD/YYYY)

## Submit Your Refresher Letter Request

Submit your request to us by mail, courier, in person or email at:

**College of Alberta Dental Assistants**  
166-14315 118 Ave NW  
Edmonton AB T5L 4S6  
application@abrda.ca

**Questions? Need help?**  
Email [contact@abrda.ca](mailto:contact@abrda.ca) or call 780-486-2526