College of Alberta Dental Assistants

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*** or call 780-486-2526

166-14315 118 Ave NW, Edmonton, AB T5L 4S6 **P** 780-486-2526 **TF** 1-800-355-8940 **W** abrda.ca