

Letter of Standing Request and Consent for Release of Information

We will issue your Letter of Standing within 10 business days. We will send it directly to the organization you indicate.

Personal Information

First Name _____ Registration # _____

Last Name _____

Mailing Address _____

City/Province/Country _____ Postal Code _____

Primary Phone _____ Alternate Phone _____

E-mail _____

I am requesting that a Letter of Standing be submitted on my behalf to:

Organization _____

Mailing Address _____

City/Province/Country _____ Postal/Zip Code _____

Contact Person _____

Phone _____ Fax _____

E-mail _____

Consent

We provide the applicant's Regulatory Information in a Letter of Standing such as:

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

I (print name) _____ hereby provide irrevocable consent to the College of Alberta Dental Assistants to release Regulatory Information about myself to the recipient specified in my above request.

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

Dec. 23, 19

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