



■ ***Request for Information
Regarding a Registrant's Professional Conduct***

Please complete this form and return it to:

Newfoundland & Labrador Dental Board
Attn: Registration
Suite 204, 49-50 Elizabeth Avenue
St. John's, NL A1A 1W9

Name of Organization Requesting : _____

Name of Person at Organization Requesting Information:

Title: _____

Address: _____

Telephone: () _____ Fax: () _____

Date of Request: _____ Send Information Via: Fax _____ Mail _____

To the Registrar:

Please provide information regarding _____'s professional conduct as defined below. I understand that there is a \$35.00 fee for this service.

Information Provided Regarding a Registrant's Professional Conduct:

The following information regarding a Registrant's professional conduct may be obtained from the Board upon request.

- The Registrant's current business address and business telephone number as recorded on the Board's Register.
- The Registrant's qualifications as known to the Board including the year of graduation and institution from which s/he received his/her diploma.
- The member's class of registration and specialty status is applicable.
- Any terms, conditions and/or limitations attached to the certificate of registration as recorded on the Register and the history thereof.
- The history of any previous disciplinary or fitness to practise findings as recorded on the Register.
- Whether the Registrant's conduct or fitness to practise is or is not the subject of an inquiry by the Discipline Committee at the time of the issuing of this information.
- Whether the Registrant has been the subject of proceedings before the Discipline Committee and the outcome of those proceedings and
- Any other information respecting the Registrant's professional conduct which has been reported to the Board and which is deemed by the Registrar to be relevant to a present application for hospital privileges or dental licensure/registration in another jurisdiction.

Please note:

The requested information can be furnished to an organization only where the Registrant has fully completed and signed the Consent for Release of Information Form which forms part of this document. This form, bearing the ordinary signature of the Registrant and witnessed by a person whose name is legibly printed in the space provided, must be forwarded to the Board before the information listed may be released. Payment in the amount of \$35.00 made payable to the Newfoundland & Labrador Dental Board must accompany this request.

Consent for Release of Information

I, _____, a Registrant of the Newfoundland & Labrador Dental Board, Registration # _____, certify that I have read the Request for Information Regarding a Registrant's Professional Conduct and the definition of information to be included, printed on the document of which this Consent forms a part. I understand the nature of the information, which will comprise the requested Information Regarding a Registrant's Professional Conduct and I further understand that the Board will not release this information unless I consent to its release and evidence that consent by signing this Consent form.

I hereby consent to the release of the Information Regarding a Registrant's Professional Conduct, defined in the document of which this Consent forms a part, by the Registrar of the Newfoundland & Labrador Dental Board to _____ and I request the Registrar to do so.

This consent shall be valid and irrevocable by me for 90 days from the day on which I signed it.

Witness signature

Registrant's signature

Witness name (please print)

Newfoundland & Labrador Dental Board

Date

Return complete form to:

Newfoundland & Labrador Dental Board
Suite 204, 49-55 Elizabeth Avenue
St. John's, NL
A1A 1W9

Telephone: (709) 579-2391
Fax: (709) 579-2392