



Consent for Release of Information

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

I, Dr. _____ (FIRSTNAME / LASTNAME)

have made application with the Newfoundland & Labrador Dental Board for a
(RECEIVING JURISDICTION)
Certificate of Registration/License in order to engage in the practice of dentistry in Newfoundland & Labrador.

The Newfoundland & Labrador Dental Board, 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

(ORIGINATING JURISDICTION)

to provide, at my expense, any information requested by the Newfoundland & Labrador Dental Board. 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

(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

(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 Newfoundland & Labrador Dental Board may wish further information or clarification respecting information it receives from the

(ORIGINATING JURISDICTION)

in connection with my application and I hereby further authorize the

(ORIGINATING JURISDICTION)

to assist and co-operate with the Newfoundland & Labrador Dental Board in providing any other/additional information it might request or that you, the

(ORIGINATING JURISDICTION)

deem to be relevant to my application in Newfoundland & Labrador.

It is understood and acknowledged by me that I have been advised by the Newfoundland & Labrador Dental Board 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 _____