



LETTER OF STANDING CERTIFIED DENTAL ASSISTANT'S CONSENT FOR RELEASE OF INFORMATION

I have made application with (name of the regulatory body)

for licensure/registration/certification in order to engage in the practice of dental assisting in the province/
state of

I, therefore, hereby irrevocably authorize and direct CDSBC to provide to:

Name of regulatory body _____

Address _____

City _____ Province/State _____

Phone _____ Postal/Zip Code _____

Email _____ Contact _____

with full disclosure of any and all information CDSBC may have respecting my professional conduct, competence and capacity including providing a copy of any written information in my file pertaining to these matters and this shall be your full, final and irrevocable authority for so doing.

I understand the legal implications and approve your release of any information the above named regulatory body requests.

I understand that I have the right to seek legal advice prior to signing this form.

Signature of CDA _____

CDA's name – please print _____

CDSBC Certification number _____

Signature of Witness _____

Witness's name – please print _____

Date – M/D/Y _____

MAKE SURE YOU AND YOUR WITNESS HAVE SIGNED THIS FORM.



CREDIT CARD AUTHORIZATION FORM

CDA's name _____

VISA Mastercard

Card number _____ **Expiry** _____

Letter of Good Standing fee

C\$20

Cardholder's name (please print) _____

Cardholder's signature _____

Payment by phone and debit-credit card is not available. Your signature is required to authorize payment.

MAKE SURE YOU HAVE SIGNED THIS FORM.