



## Letter of Standing – Consent for Release of Information For Registration/Licensure Purpose

I have made an 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.

**CDA's name** – please print \_\_\_\_\_

**Signature of CDA** \_\_\_\_\_

CDSBC Certification number \_\_\_\_\_ Signature Date – M/D/Y \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_

**Witness's name** – please print \_\_\_\_\_

**Signature of Witness** \_\_\_\_\_

<p><b>Fees</b></p> <p><b>Letter of Standing</b> _____ C\$25</p>	<p>Once your request is ready to be finalized, you will receive an email invoice to pay the fee online.</p>
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**Please submit your completed consent form by e-mail to: [registration@cdsbc.org](mailto:registration@cdsbc.org).**

**MAKE SURE YOU AND YOUR WITNESS HAVE SIGNED THIS FORM.**