Mailing Address
110 - 1765 8th Ave W
Vancouver, BC V6J 5C6

Main line: 672.202.0448
Toll free: 1.888.202.0448
registration@oralhealthbc.ca
www.oralhealthbc.ca

BCCOHP | British Columbia College of Oral Health Professionals

CERTIFICATE OF STANDING – CONSENT FOR RELEASE OF INFORMATION

I have made application with _____

for the purpose of _____ .

I hereby, irrevocably authorize and direct BCCOHP to provide the following organization with information with respect to my current standing with BCCOHP.

Name of Organization _____

Address _____

City _____ Province/State _____

Phone _____ Postal Code _____

Email _____ Contact _____

I consent to the release of information with full disclosure of any and all information BCCOHP 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.

Registrant Surname – please print _____

Given Name(s) _____

Former Name(s) (if aplicable) _____

Signature of Registrant _____ Date – M/D/Y _____

BCCOHP Registration number _____ Date of Birth (M/D/Y) _____

Address _____ City _____

Province/State _____ Postal Code _____

Email _____ Phone _____

Witness's name – please print _____

Signature of Witness _____ Date – M/D/Y _____

Fees

Certificate of Standing _____ C$75

Once your request is ready to be finalized, you will receive an email invoice to pay the fee online.

Please submit your completed consent form by e-mail to: registration@oralhealthbc.ca

MAKE SURE YOU AND YOUR WITNESS HAVE SIGNED THIS FORM.