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

DENTAL HYGIENE REGISTRANT CONSENT FOR RELEASE OF INFORMATION

I have made application with _____

for the purpose of _____ .

I, therefore, hereby irrevocably authorize and direct BCCOHP to provide the:

Name of Organization _____

Address _____

City _____ Province/State _____

Phone _____ Postal Code _____

Email _____ Contact _____

with information with respect to my current standing with BCCOHP.

I understand the legal implications and approve your release of this information to the above named organization. I understand that I have the right to seek legal advice prior to signing this form.

Registrant name – please print _____

Signature of Registrant _____

BCCOHP Registration number _____ Signature Date – M/D/Y _____

Address _____ City _____

Province/State _____ Postal Code _____

Email _____

Witness's name – please print _____

Signature of Witness _____

Fees

Letter of Standing _____ C$75

Once your request is ready to be finalized, you will be requested to log in to your online registrant portal and pay in the single fee payment section.

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

MAKE SURE YOU AND YOUR WITNESS HAVE SIGNED THIS FORM.