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## LDA – LETTER OF STANDING, CONSENT FOR RELEASE OF INFORMATION For Licensure/Registration/Certification Purpose

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 BCCOHP to provide the:

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_

Phone \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Contact \_\_\_\_\_

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.

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

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

**Signature of LDA** \_\_\_\_\_

BCCOHP Licence number \_\_\_\_\_ Signature Date – M/D/Y \_\_\_\_\_

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

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

Email \_\_\_\_\_

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

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

<b>Fees</b> <b>Letter of Standing</b> _____ C\$26	Once your request is ready to be finalized, you will receive an email invoice to pay the fee online.
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**Please submit your completed consent form by e-mail to: [registration@oralhealthbc.ca](mailto:registration@oralhealthbc.ca)**

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