

Mailing Address
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CDA – LETTER OF STANDING, CONSENT FOR RELEASE OF INFORMATION For Registration/Licensure 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.

CDA's name – please print _____

Signature of CDA _____

BCCOHP Certification 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\$25	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

MAKE SURE YOU AND YOUR WITNESS HAVE SIGNED THIS FORM.