



## Consent for Release of Information

Please complete this form and return it to:  
Dental Council of Prince Edward Island  
Attn: Registration  
184 Belvedere Ave.  
Charlottetown, PEI C1A 2Z1

I, Dr. \_\_\_\_\_  
(FIRST NAME / LAST NAME)

have made application with the Dental Council of Prince Edward Island for a Certificate of  
(RECEIVING JURISDICTION)  
Registration/License in order to engage in the practice of dentistry in Prince Edward Island.

The Dental Council of Prince Edward Island, as part of its registration/licensure process, requires that its Certificate of Standing form be completed by every jurisdiction in which I was licensed and/or engaged in the practice of dentistry. As most jurisdictions require my consent to release the requested information I am hereby signing my permission to and irrevocably authorize and direct the

\_\_\_\_\_  
(ORIGINATING JURISDICTION)

to provide, at my expense, any information requested by the Dental Council of Prince Edward Island. I understand and accept that this means providing full disclosure of any and all information you have that was obtained while performing your adjudicative function. This can include but is not limited to, amongst other matters, information whether deemed public or non-public, undertakings or agreements, verbal or written between me and the

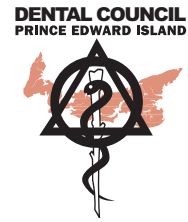
\_\_\_\_\_  
(ORIGINATING JURISDICTION)

complaints, investigations, inspections, my professional conduct, competence, fitness and capacity, past and present, including providing a copy of any written information in my

\_\_\_\_\_  
(ORIGINATING JURISDICTION)

file pertaining to these matters and this shall be your full final and irrevocable authority for so doing.

**Consent for Release of Information**



Moreover, the Dental Council of Prince Edward Island may wish further information or clarification respecting information it receives from the

\_\_\_\_\_ (ORIGINATING JURISDICTION)  
in connection with my application and I hereby further authorize the

\_\_\_\_\_ (ORIGINATING JURISDICTION)  
to assist and co-operate with the Dental Council of Prince Edward Island in providing any other/additional information it might request or that you, the

\_\_\_\_\_ (ORIGINATING JURISDICTION),  
deem to be relevant to my application in Prince Edward Island.

It is understood and acknowledged by me that I have been advised by the Dental Council of Prince Edward Island that I might wish to obtain legal advice prior to executing this consent and that I have either done so or have had sufficient opportunity to do so prior to executing this consent for release of information. I am signing this document of my own free will, voluntarily and without coercion, having read it and having understood it.

IN WITNESS WHEREOF I have duly executed this release form this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Witness

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