



## REQUEST TO RELEASE INFORMATION ON PROFESSIONAL STANDING

**Please return your completed forms and payment to the  
Royal College of Dental Surgeons of Ontario by:**

### **E-mail**

registration@rcdso.org

### **Fax**

416-961-5814

*Attention: Professional Standing*

Standard processing time for those with no past/current conduct issues on file with the College is 10 business days once the completed form and applicable fees are received. Those with extensive past/current conduct issues or who have resigned with the College can expect a processing time of upwards of 20 business days.

We do not expedite standard requests. If you have special or extenuating circumstances related to an application in another jurisdiction or a hospital in Ontario and have no current/past conduct history with the College, you can request to have the process expedited and it will be considered.



## REQUEST FOR INFORMATION ABOUT A MEMBER'S PROFESSIONAL CONDUCT

Complete the following information about the organization that is requesting the information.

### Name of organization requesting Letter of Standing

NAME: \_\_\_\_\_

### Name of person at organization requesting Letter of Standing

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PERSON'S JOB TITLE: \_\_\_\_\_

### Organization's address

STREET: \_\_\_\_\_ SUITE: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

The original copy of your Certificate or Letter of Standing will be e-mailed and mailed to the address and organization/person named above.

## INFORMATION PROVIDED ABOUT A MEMBER'S PROFESSIONAL MISCONDUCT

Please provide information about the professional conduct of Dr. \_\_\_\_\_  
first name last name

as defined below. I understand that there is \$75 fee for this service. (See the Method of Payment form)

### The college may provide the following information

- All information contained on the College's Register, as accessible on the College's website.
- The member's class of certificate(s) of registration (past and present) and the status of those certificates including any current or previous suspension(s) or revocation(s).
- Whether the member is in arrears of any fees or other amounts owed to the College.
- Any terms, conditions, limitations, and/or noted deficiencies attached to the member's certificate of registration, both past and present, and whether publically accessible or not.
- Whether the member has given any undertakings or agreements to the College and the nature of such undertakings or agreements, whether past or present.
- Any information regarding the member's compliance with the College's Quality Assurance Program.
- Whether the member is or has been the subject of an incapacity inquiry by the Inquiries, Complaints and Reports Committee and the disposition of any such inquiry.
- Whether the member is or has been the subject of a formal complaint before the Inquiries, Complaints and Reports Committee and the disposition of any such complaint, including cautions, specified continuing educational or remediation programs, or no further action.
- Whether the member is or has been the subject of a Registrar's investigation and the disposition of the Inquiries, Complaints and Reports Committee considering the investigation.
- Whether the member is or has been the subject of a proceeding by the Discipline Committee or Fitness to Practise Committee and the disposition of any such proceeding.
- Any other information regarding the member's professional conduct that the College has on file which is deemed by the Registrar to be relevant to a present application for hospital privileges or dental licensure/registration in another jurisdiction.



## REQUEST FOR INFORMATION ABOUT A MEMBER'S PROFESSIONAL CONDUCT

**IMPORTANT:** The information requested can only be given to you after the College receives this form signed and dated by the member, witnessed, and the form is accompanied by the \$75 payment.

I, Dr. \_\_\_\_\_ a member  
first name middle name last name  
or former member of the Royal College of Dental Surgeons of Ontario, certify that I have read the section of this form called *Information Provided about a Member's Professional Conduct* that defines the information that will be released. This section forms part of this consent form.

I understand the nature of the information that may be provided as itemized in the section called *Information Provided about a Member's Professional Conduct*.

I understand the nature of the information that may be provided as itemized in the section called *Information Provided about a Member's Professional Conduct*. It is understood and acknowledged by me that I might wish to obtain legal advice prior to executing this consent and that I have either done so or waived my right to do so.

I am hereby signing this consent to release this information and voluntarily direct the Royal College of Dental Surgeons of Ontario to release the information to: \_\_\_\_\_  
Name of Regulatory Body, Organization or Party

This consent is valid and irrevocable by me for 90 days from the day on which I signed this consent form.

\_\_\_\_\_  
Witness' signature

\_\_\_\_\_  
RCDSO member's signature

\_\_\_\_\_  
Witness' printed name

\_\_\_\_\_  
RCDSO Registration ID number

\_\_\_\_\_  
Date

### Contact information

For recordkeeping purposes, please complete the address section to ensure we have your most up-to-date contact details.

MAILING ADDRESS: \_\_\_\_\_ SUITE: \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_ HOME PHONE NUMBER: \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_



## LETTER OF STANDING: ADMINISTRATION FEE \$75.00 FOR EACH REQUEST

There is a \$75 administration fee for each request for a Letter of Standing. This fee can be paid by cheque, money order, or credit card.

### Cheque or money orders

Postdated cheques are not accepted. Cheques that are not honoured by your bank are subject to a \$25 service charge.

### Credit cards

If you choose to pay by credit card, please check off the type of card you are using. Clearly indicate the name on the credit card, the credit card number, the expiry date, and include your signature in the spaces provided below.

- CERTIFIED CHEQUE     MONEY ORDER     VISA     MASTERCARD     AMERICAN EXPRESS

NAME OF PERSON ON CREDIT CARD (PLEASE PRINT): \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

If you are seeking hospital privileges in order to treat disabled patients, the administration fee will be waived if the majority of patients are disabled. Please check this box to indicate this is the case.

**A person with a disability may suffer from an impairment that could be physical, cognitive, mental (psychiatric or psychosocial), sensory, emotional, developmental, or a combination of these. For the purposes of this exemption privilege, a person whose impairment at the time of treatment is substantially limiting or affecting his/her ability to actively participate in their treatment or decision making, or has been diagnosed as being incapacitated either physically or mentally, would be considered disabled. Simply being admitted to a hospital or a temporary impairment such as a broken leg would not define the person as being disabled.**

FOR OFFICE USE ONLY - AUTHORIZATION APPROVED - COMMENTS