



MANITOBA DENTAL ASSOCIATION

202-1735 Corydon Ave. Winnipeg, MB R3N 0K4

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CONSENT TO RELEASE REGULATORY INFORMATION FORM

Applicant name (please print): _____

Regulatory Body Name: _____

Regulatory Body Address: _____
Number Street City Province Postal Code

Regulatory Body Contact Number: _____

To whom it may concern:

The Manitoba Dental Association (Association) is the organization authorized by statute to register and license dental assistants and dentists in the Province of Manitoba. Our enabling legislation is *The Dental Association Act*.

I have applied to the Association for registration and licensure to engage in the practice of dentistry in Manitoba. The Association will need additional information in connection with my application. I have agreed to co-operate with the Association to assist it in determining my ability to provide dental services in the Province.

I consent to the full disclosure, at my expense, of any and all information you may have respecting my professional conduct, competence, and capacity to the Association.

I consent to the release, at my expense, of any copies, information, reports, records, and documents contained in my files with your organization – including documents about me you have obtained from other regulatory bodies that are in your possession or control – to the Association.

I irrevocably direct and authorize you to send copies, at my expense, of any and all information, reports, records, and documents to the Association.

Please send the information to the Association. **Attention Registrar: Confidential.**

I authorize you to speak with the Association directly should you or the Association find it necessary to clarify or obtain further information in respect of these matters.

I have read and understand the nature and extent of the access that I have authorized with this *Release*. I have been advised by the Association to obtain legal advice prior to executing this *Release*. I have had sufficient opportunity to obtain legal advice and have done so to the degree I feel is appropriate.

With my signature, I consent to the terms of this *Release*.

Applicant Signature

Date signed (DD/MM/YYYY)