



MANITOBA DENTAL ASSOCIATION  
202-1735 Corydon Avenue, Winnipeg, MB, R3N 0K4  
T: 204.988.5300 F: 204.988.5310 [www.manitobadentist.ca](http://www.manitobadentist.ca)

## CONSENT TO RELEASE REGULATORY INFORMATION FORM

APPLICANT NAME (please print): \_\_\_\_\_

REGULATORY BODY NAME: \_\_\_\_\_

REGULATORY BODY ADDRESS: \_\_\_\_\_  
Street City Province Postal Code

REGULATORY BODY CONTACT NUMBER: \_\_\_\_\_

Dear Sir/Madam,

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)