



CERTIFICATE OF STANDING

CONSENT FOR RELEASE

To the certifying authority or regulator:

The dentist requesting completion of this form is an Applicant for registration in New Brunswick and has agreed to disclosure. The completed certification form bearing your signature and seal may be sent with any attachments directly to the following address: P.O. Box 488, Station "A", Fredericton, N. B. E3B 4Z9.

Dentist's Consent for Release of Information

I have made application with the New Brunswick Dental Society for registration in order to engage in the practice of dentistry in the province of New Brunswick.

I, therefore, hereby irrevocably authorize and direct the:

Name of Regulatory Body _____

Address _____

City _____ Province _____ Postal Code _____

to provide the New Brunswick Dental Society will full disclosure of any and all information you 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 any information the New Brunswick Dental Society requests. I understand that I have the right to seek legal advice prior to signing this form.

Signature of Applicant _____

Applicant's name- please print _____

Date – M/D/Y _____

(vi) other: _____ from

_____ to _____
m/d/y m/d/y

c) **The Applicant received his or her degree(s) in dentistry from the following institutions:**

Institution Name/Country	Degree	Year of Graduation

d) **To the best of your knowledge, the Applicant is or has been Registered/ Licensed/ Certified to practice dentistry or has engaged in the practice of dentistry in the following jurisdictions:**

Province or State / Country	Registered / Licensed / Certified	
	From: M/D/Y	To: M/D/Y

e) **The Applicant**

(i) is not in arrears of any fees or other monies owing to your organization.

(ii) is in arrears as follows:

Nature of arrears/owed since/amount owing:

f) **Terms, restrictions, conditions, limitations on Registration/Licence/Certificate**

(i) The Applicant **does not have and has not had** any terms, restrictions, conditions, or limitations on his or her Registration/Licence/ Certificate.

(ii) The Applicant currently **has or has had** terms, restrictions, conditions or limitations on his or her Registration/Licence/Certificate, the nature of which are as follows:

Nature of terms, restrictions, conditions or limitations on Registration/ Licence/ Certificate and dates in force:

g) **Suspension, cancellation, revocation or striking off the Register**

(i) The Applicant **does not have and has not had** his or her Registration/ Licence/ Certificate suspended, cancelled, revoked, or struck off the Register.

- (ii) The Applicant currently **has or has had** his or her Registration/ Licence/ Certificate suspended, cancelled, revoked or struck off the Register for the following reason(s):

2. PROFESSIONAL CONDUCT RECORD

a) Complaints

- (i) The Applicant **has never been** the subject of a formal complaint.
- (ii) The Applicant **is** the subject of a formal complaint, which has not been completed.
- (iii) The Applicant **has been** the subject of a formal complaint, which was completed with a decision/action being issued (including “no further action”) by you (the certifying regulator) or which involved the Applicant’s resignation, the nature of which is as follows:

Nature of the formal complaint(s) and action(s) taken, if any, at this date:

(b) Investigations

- (i) The Applicant **has never been** the subject of an investigation.
- (ii) The Applicant **is** the subject of an investigation, which has not been completed.
- (iii) The Applicant **has been** the subject of an investigation, which was completed with a decision/action being used (including “no further action”) by you (the certifying regulator) or which involved the Applicant’s resignation, the nature of which was as follows:

Nature of the investigation(s) and action(s) taken, if any, at this date:

c) Disciplinary Proceedings

- (i) The Applicant **has never been** the subject of a disciplinary proceeding.
- (ii) The Applicant **is** the subject of a disciplinary proceeding, which has not been completed.
- (iii) The Applicant **has been** the subject of disciplinary proceedings, which were completed with a decision /action being issued (including “no further action”) by you (the

Nature of disciplinary proceeding(s) and action(s) taken/date/result

certifying regulator) or which involved the Applicant’s resignation , the nature of which was as follows:

d) Fitness to Practise (Upon registration or after)

- (i) The Applicant **has never been** the subject of a fitness-to-practise hearing or inquiry.
- (ii) The Applicant **is** the subject of a fitness-to-practise hearing or inquiry, which has not been completed.
- (iii) The Applicant **has been** the subject of a fitness-to-practise hearing or inquiry, which were completed with a decision/action being issued (including “no further action”) by you (the certifying regulator) or which involved the Applicant’s resignation, the nature of which was as follows:

Physical ailment, mental health condition or addiction involved/date/result

3. QUALITY ASSURANCE PROGRAMS

a) Professional Inspection

Mandatory Non-Mandatory

- (i) The Applicant **is not and has not been** the subject of professional inspections **other than** regularly scheduled visits.
- (ii) The Applicant **is or has been** the subject of professional inspections **other than** regularly scheduled visits, the nature and/or disposition of which was as follows:

Nature of inspection(s) and action(s) taken, if any, at this date

b) Continuing Education Requirements

Mandatory Non-Mandatory

- (i) The Applicant **has always been** in compliance with your continuing education requirement.
- (ii) The Applicant **is not or has not been** in compliance with your continuing education requirements.

Nature of non-compliance and action(s) taken, if any, at this date

Currency of Practice Requirement

Mandatory Non-Mandatory

If mandatory, please specify details:

(i) Has the Applicant been in compliance with your practice hours requirement?

Yes No Non-applicable

(ii) Has the Applicant ever interrupted/stopped practicing?

Yes No Unknown

If yes, please specify dates:

From: M/D/Y	To: M/D/Y

4. OTHER RELEVANT INFORMATION THAT HAS BEEN REPORTED TO YOU (the certifying regulator)

In the affirmative, please specify:

a) **Additional sheets/documents attached** Yes No

5. CERTIFICATION

Signature

Title

Signed and sealed this date (seal)

Please return this completed form to:
Registrar, New Brunswick Dental Society
P. O. Box 488, Station "A"
Fredericton, N. B. E3B 4Z9