



Royal College of
Dental Surgeons of Ontario

Ensuring Continued Trust

6 Crescent Road, Toronto, ON Canada M4W 1T1

T: 416.961.6555 F: 416.961.5814 Toll-Free: 1.800.565.4591 www.rcdso.org

Request to Release Information on Professional Standing

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

MAIL: RCDSO
6 Crescent Road
Toronto ON M4W 1T1
Attention: Letter of Standing

or FAX: 416-961-5814
Attention: Professional Standing

For further information, visit our Web site at www.rcdso.org
or call 416-961-6555/1-800-565-4591 and ask for information
about releasing information about a member's professional
standing.

Please note that standard processing time is 3-5 weeks once
completed request forms are submitted to the College with the
applicable fee.



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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 OF PERSON AT ORGANIZATION REQUESTING LETTER OF STANDING

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.



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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
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: _____

BUSINESS PHONE NUMBER: _____ HOME PHONE NUMBER: _____

FAX NUMBER: _____ E-MAIL ADDRESS: _____



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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 you signature in the spaces provided below.

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