



**Consent for Release of Information**

All dentists requesting a Certificate of Standing from the N.W.T. must complete this form.

Fees: \$22.00 for each original Certificate of Standing;  
\$ 6.00 for each additional copy of that Certificate of Standing.

To be completed by dentist requesting Certificate of Standing

*I hereby authorize the Registrar, Professional Licensing to release all information indicated in the attached document and any other information respecting me that you deem relevant for my application for registration/licensing.*

Full Name of Applicant (Please print clearly):

Signature of Applicant:

Date:

Applicant Mailing Address:

Phone#:

Facsimile #

E-Mail:

**LICENSING AUTHORITY WHERE INFORMATION IS TO BE SENT**

Licensing Authority Mailing Address:

Telephone #:

Facsimile #:

Complete above and mail with cheque/money order or complete visa authorization for \$20.00 to:

Registrar, Professional Licensing  
Government of the Northwest Territories  
Department of Health & Social Services  
Box 1320, New Government Building - 7th floor  
YELLOWKNIFE NT X1A 2L9  
TELEPHONE: (867) 767-9067 FACSIMILE (867) 873-0484

**I authorize the Registrar to charge my credit card as follows: (Visa or MasterCard only.)**

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Expiry Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**WILL BE COMPLETED BY THE OFFICE OF THE REGISTRAR**

**NAME OF APPLICANT:**

**The dentist has been issued the following license(s) by the NWT Dental Licensing Authority:**

<i>Type of License:</i>	<i>License #:</i>	<i>Date Issued:</i>	<i>Date Expired/Cancelled:</i>

Has the following speciality qualification(s) which is recognized by this Dental Licensing Authority:

<i>Speciality:</i>	<i>Granted by:</i>	<i>Date:</i>

	YES	NO
<i>Does the above named appear in the records of the NWT as ever having been disciplined by the N.W.T. Board of Inquiry due to incompetence, negligence, incapacitation or any form of professional misconduct while licensed in the N.W.T.?</i>		

<b>Signature of Registrar, Professional Licensing, N.W.T.:</b>	<b>Date:</b>
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**Will be completed by the Dental Review Officer of the N.W.T.**

	YES	NO
Currently, is the above named dentist the subject of an inquiry or investigation by the Dental Review Officer involving an allegation of professional misconduct, incompetence, incapacitation or any like allegation?		
Currently, is the above named dentist the subject of an inquiry or investigation by an NWT Board of Inquiry involving an allegation of professional misconduct, incompetence, incapacitation or any like allegation?		
<b>Signature of Dental Review Officer, N.W.T.:</b>	<b>Date:</b>	