



## CERTIFICATE OF STANDING - CONSENT FOR RELEASE OF INFORMATION

I have made application with \_\_\_\_\_  
for the purpose of \_\_\_\_\_

I hereby, authorize and direct CCHPBC to provide the following organization with information with respect to my current standing with CCHPBC.

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_

Phone \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Contact \_\_\_\_\_

I consent to the release of information with full disclosure of information CCHPBC may have respecting my professional conduct, competence and capacity. This includes providing information regarding complaints, investigations, disciplinary actions and non-disciplinary information including decisions regarding registration, conditions on licence arising from health or fitness to practise, or any other issue or process of a non-disciplinary nature, consent agreements or undertakings, consent to withdrawal from practice or the register, restriction or cancellation copy of any written information in my file pertaining to these matters. This signed Consent for Release of Information shall be CCHPBC's full, final authority to release the information described above.

I understand the legal implications and approve CCHPBC's release of this information to the above-named regulatory body. I understand that I have the right to seek legal advice prior to signing this form. For the purpose of this consent, "Registrant" includes Former Registrant.

**Registrant full name (please print)** \_\_\_\_\_

Former name(s) (if applicable) \_\_\_\_\_

**Signature of Registrant** \_\_\_\_\_ Date: M/D/Y \_\_\_\_\_

CCHPBC Registration number \_\_\_\_\_ Date of birth (M/D/Y) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Witness name – please print** \_\_\_\_\_

**Signature of witness** \_\_\_\_\_ Date: M/D/Y \_\_\_\_\_

**FEE: Certificate of Standing is \$50.00** (not enforceable until April 1, 2026). Once your request is ready to be finalized, you will receive an email invoice to pay the fee online. **Please submit your completed consent form by email to: [registration@cchpbc.ca](mailto:registration@cchpbc.ca)** The letter of standing will only be sent to the organization identified above.

**MAKE SURE YOU AND YOUR WITNESS HAVE SIGNED THIS FORM.**