



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** The letter of standing will only be sent to the organization identified above.

MAKE SURE YOU AND YOUR WITNESS HAVE SIGNED THIS FORM.