



Letter of Standing Application Form

This form is used to obtain a Letter of Standing from the College of Denturists of Ontario. The College will process the application upon receipt of the completed form and the applicable fee. A new application form and payment is required for more than one Letter of Standing. The College will not issue more than one Letter of Standing per application.

The Letter of Standing will be issued directly to the attended recipient. Please indicate the recipient's name (person(s)/employee(s)/board(s)/college(s) etc.), the address and the contact number to where the College can issue the Letter of Standing. Failure to do so may result in a delay.

Please note the standard processing time for a Letter of Standing is 1-2 weeks.

*This form can be filled out **electronically** or by hand.*

Section 1: Member's Information

(as per the College's Public Register)

Salutation: Ms. Mrs. Mr.

Certificate of Registration #:

Last Name:

First Name(s):

Address:

Unit/Suite:

City:

Province:

Postal Code:

Email:

Phone:

Fax:

Section 2: Consent to Release Information

Release Information to:

IMPORTANT: The information requested can only be given to an organization after the College receives this form signed and dated by the Member, witnessed, and the form is accompanied by applicable fee.

I,

, hereby consent to the release of all information to:

(Member's Name – Please Print)

Section 2: Consent to Release Information Cont'd

The following Recipient (Person/Employee/Board Etc.):

Recipient:

Address:

Unit/Suite:

City:

Province:

Postal Code:

Email:

Phone:

Fax:

pertaining to me obtaining a Letter of Standing in addition to checking any records pertaining to this and subsequent registration applications from the College of Denturists of Ontario. This includes all information pertaining to my licensure as a Denturist, including; continuing competency, as well as all information pertaining to discipline, complaints and hearings.

Section 3: Declaration and Signatures

3. a) Member's Authorized Signature

By signing below, I am indicating my intention to apply for a letter of standing with the College of Denturists of Ontario, and I have verified the above information to be correct.

Member's Signature

Date (mm/dd/yyyy)

3. b) Witnesses Information and Authorized Signature

Last Name:

First Name:

Address:

Unit/Suite:

City:

Province:

Postal Code:

Email:

Phone:

Fax:

Witness' Signature

Date (mm/dd/yyyy)

