



## Certificate of Registration Status

### Nunavut, Northwest Territories, the Yukon, USA, and International Countries

If you are a member or previously registered member of the College of Dental Surgeons of Alberta and are applying to Nunavut, the Northwest Territories or the Yukon, the USA or an International country, you may be asked to provide a Certificate of Registration Status.

You must complete and email a Consent for Release of Information form for the jurisdiction you are applying to, and a payment processing fee of \$375.00. (Please see below.) Once both are received, the Certificate of Registration Status will be completed and forwarded to the Regulatory Authority you are applying to. These documents can then be forwarded by mail, fax or email. A copy will be kept on your personal electronic file.

The \$375 processing fee for the Certificate of Registration Status can be paid by cheque, VISA, MasterCard or American Express. The form is attached. A Certificate of Registration Status will not be produced until both the consent form and payment are received.

If you wish to apply for a waiver of the processing fee, please visit the CDSA website and complete and submit the *Application for Relief-Fee Waiver* form and submit it with the Consent for Release of Information form.

If you have any questions please contact the Registration Department at the College of Dental Surgeons of Alberta at:

Phone: (780)432-1012  
Toll-Free: 1-800-843-3848  
Fax: (780)433-4864  
E-mail: [Registration@cdsab.ca](mailto:Registration@cdsab.ca)

Attachment



## Certificate of Registration Status Administration Fee of \$375

Name: \_\_\_\_\_

There is a \$375 administration fee for a Certificate of Registration Status. This fee can be paid by cheque, Canadian money order, VISA, MasterCard or American Express.

### Cheques or Money Orders Payment

Please check the appropriate box below to indicate your form of payment. Ensure that your cheque is drawn on a Canadian account and that a money order is in Canadian dollars. Cheques that are not honoured by your bank are subject to a \$25 service charge. Post-dated cheques are not accepted.

Cheque

Cheque Number \_\_\_\_\_

Canadian Money Order

### Credit Card Payment

Please check the appropriate box below if you are paying by credit card. Please indicate the credit card number and expiry date, and sign in the space provided.

VISA

MasterCard

American Express

\_\_\_\_\_ CVV# \_\_\_\_\_  
Credit Card Number:

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

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

## Consent for the Release of Certificate of Registration Status (CORS)

**Name:** \_\_\_\_\_  
(Last, First, Middle initial)

**Permit ID #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**I am requesting a CORS for the following:**

Regulatory Authority/Organization: \_\_\_\_\_

Recipient name (If required): \_\_\_\_\_

Email: \_\_\_\_\_

*I understand that by submitting this form I give consent to College of Dental Surgeons of Alberta to disclose the following information to the Regulatory Authority/Organization identified above:*

- *Personal identifiers (name, date of birth, address)*
- *Qualifications and credentials*
- *Registration information (current register; registration history; terms; good standing status; conditions and restrictions on practice permit)*
- *Complaints (open, under appeal, complaints which led to a disposition other than taking no action but short of disciplinary action, former complaints that did not lead to formal action but which, in the opinion of the Registrar, may reflect conduct or a pattern of conduct that should be reported in the best interest of the public)*
- *Active Investigations*
- *Disciplinary actions, excepting dismissals after a hearing (dates, particulars, findings, remedies or sanctions)*
- *Relevant non-disciplinary information (conditions arising from health or fitness to practice issues, or other non-disciplinary issue or process, consent agreements or undertakings, consent withdrawal from practice or register, restriction)*
- *Findings of guilt, criminal and other (if known to the College of Dental Surgeons of Alberta)*
- *Professional litigation history (if known to the College of Dental Surgeons of Alberta)*
- *Other information considered relevant by the Registrar*

*I understand why I have been asked to consent to the disclose this information, and am aware of the risks or benefits of consenting or refusing to consent to the disclosure of this information.*

*I understand that completing this request may take up to 20 business days.*

**I have read, understand and agree to the understandings and consent outlined above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have reviewed the information in this form and confirm it is accurate.**