



## **Letter of Good Standing** **for IV Sedation courses at the University of Alberta** **and Banking Institutions**

If you are a member or previously registered member of the College of Dental Surgeons of Alberta and are participating in an IV Sedation course at the University of Alberta, or you have applied for a loan with a banking institution, you may be requested to provide a **Letter of Good Standing**.

A completed Consent for Release of Information form is required to be submitted with requests for Letters of Good Standing for IV Sedation courses at the University of Alberta. If you are requesting a Letter of Good Standing for a banking institution, a completed Consent for Release of Information form is also required, along with information regarding the name, position title, banking institution and address and email address, so the letter may be completed and forwarded. The consent form and information can be forwarded to the College of Dental Surgeons of Alberta by mail, fax or email.

**The form will need to be accompanied by a fee of \$375.** (Please see below.) Once these are received, a Letter of Good Standing will be completed and forwarded to the University of Alberta Continuing Education Department or Banking Institution specified. A copy of the consent and Letter of Good Standing will be kept on your personal electronic file at the College of Dental Surgeons of Alberta office.

The \$375 processing fee for the Letter of Good Standing can be paid by cash, cheque, VISA, MasterCard or American Express. The form is attached. A Letter of Good Standing cannot be produced until payment is 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 with your 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



College of Dental Surgeons of Alberta

## Letter of Good Standing Administration Fee of \$375

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

There is a \$375 administration fee for a Letter of Good Standing. 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  
☐ Canadian Money Order

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

### 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

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

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

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

## Consent for the Release of Letter of Good Standing (LOGS)

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

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

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

**I am requesting the LOGS for the following:**

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

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

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

*I understand that by submitting this form that I may be asked for the following, and give consent to the College of Dental Surgeons of Alberta to disclose the following information to the organization(s) identified above:*

- Name
- Registration Number
- Past or current Register
- Dates of Registration
- Good Standing Information
- Other information considered relevant by the Registrar

*I understand why I have been asked to consent to the disclosure of 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 working days after the \$375 fee has been successfully processed.*

**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**