

# Credential and Professional Conduct Verification

## Consent for Letter of Standing



Ensure to fill out all sections of form. Incomplete forms cannot be processed.

I, Dr. \_\_\_\_\_ request that a letter of standing be forwarded to:

Organization name:

<b>Attention:</b> (name of individual)	<b>Salutation:</b> <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
<b>Mailing address:</b>	<b>City:</b>
<b>Province/State:</b>	<b>Post/zip code:</b>
<b>Email:</b>	
<b>Letter format required:</b> <input type="checkbox"/> Hard copy letter (via Canada Post) <input type="checkbox"/> Email	

### Understandings and Consent

- ☐ I understand that by signing this form, I give consent to the College of Chiropractors of Alberta (CCOA) to disclose the following information to the organization/individual identified above:
- Personal and contact identifiers (name, licence number, and email address)
  - Registration information (current register, registration history, terms, conditions and restrictions on licensure)
  - Complaints (open)
  - Investigations (in progress)
  - Disciplinary actions (dates, particulars, findings, remedies or sanctions)
  - Confirmation that professional liability protection is in place
- ☐ I understand why I have been asked to disclose this information and am aware of the risks or benefits of consenting or refusing to disclose this information.
- ☐ I understand that processing this request may take up to 15 business days.

<b>Full name:</b>	<b>CCOA licence number:</b>
<b>Email:</b>	<b>Phone:</b>
<b>Date:</b>	<b>Signature:</b>

(An electronic signature is acceptable if this form is submitted via the email address on your member profile)

Submit via email: [registration@thecco.ca](mailto:registration@thecco.ca)