



Royal College of
Dental Surgeons of Ontario

Ensuring Continued Trust

6 Crescent Road, Toronto, ON Canada M4W 1T1

T: 416.961.6555 F: 416.961.5814 Toll-Free: 1.800.565.4591 www.rcdso.org

Letter of Standing Form

Please return your completed forms and payment to
the Royal College of Dental Surgeons of Ontario by:

MAIL: RCDSO
6 Crescent Road
Toronto ON M4W 1T1
Attention: Letter of Standing

or FAX: 416-961-5814
Attention: Letter of Standing

For further information, visit our Web site at www.rcdso.org
and click on **Letter of Standing** or call 416-961-6555/
1-800-565-4591 and ask for information about the Letter of
Standing.



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LETTER OF STANDING:

Request for Information about a Member's Professional Conduct

Complete the following information about the organization that is requesting the Letter of Standing.

NAME OF ORGANIZATION REQUESTING LETTER OF STANDING

NAME OF PERSON AT ORGANIZATION REQUESTING LETTER OF STANDING

PERSON'S JOB TITLE

ORGANIZATION'S ADDRESS

STREET: _____ SUITE: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE: _____ COUNTRY: _____

The original copy of your Letter of Standing will be mailed to the address and person above.

Information Provided about a Member's Professional Misconduct

Please provide information about the professional conduct of Dr. _____
first name last name

as defined below. I understand that there is \$75 fee for this service. (See the Method of Payment form)

THE COLLEGE WILL PROVIDE THE FOLLOWING INFORMATION UPON REQUEST.

The member's current business address and telephone number as recorded in the College's Register.

Information will include whether the member's conduct or fitness to practise is or is not the subject of an inquiry by the Discipline Committee or Fitness to Practise Committee.

The member's qualifications, as known to the College, including the year of graduation and the institution from which he/she received his/her diploma in dentistry.

Information will include whether the member has been the subject of proceedings before the Discipline Committee or Fitness to Practise Committee at the time of issuing this information.

The member's class of registration and specialty status if applicable.

Any other information regarding the member's professional conduct which has been reported to the College and which is deemed by the Registrar to be relevant to a present application for hospital privileges or dental licensure/registration in another jurisdiction.

Any terms, conditions, and/or limitations attached to the member's certificate of registration as recorded on the Register and the associated history.

The history of any previous disciplinary or fitness to practise findings as recorded on the Register.



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LETTER OF STANDING:

Consent for Release of Information

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 the \$75 payment.

I, Dr. _____, a member of the Royal College of Dental Surgeons of Ontario, certify that I have read the section of this form called Information Provided about a Member's Professional Misconduct that defines the information that will be included in my Letter of Standing. This section forms part of this consent form.

I understand the nature of the information that will be provided as itemized in the section called Information Provided about a Member's Professional Misconduct.

I understand that the College will not release this information unless I consent to its release by signing this consent form.

Therefore, I consent for and request that the Registrar of the Royal College of Dental Surgeons of Ontario release the information itemized in the section of this form called Information Provided about a Member's Professional Misconduct to _____ name of organization

This consent shall be valid and irrevocable by me for 90 days from the day on which I signed this consent form.

Witness' signature

RCDSO member's signature

Witness' printed name

RCDSO Registration ID number

Date

CONTACT INFORMATION

For recordkeeping purposes, please complete the address section to ensure we have your most up-to-date contact details.

MAILING ADDRESS:

BUSINESS PHONE NUMBER: HOME PHONE NUMBER:

FAX NUMBER: E-MAIL ADDRESS:



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LETTER OF STANDING:

**Administration Fee
\$75.00 for each Request**

There is a \$75 administration fee for each request for a Letter of Standing. This fee can be paid by cheque, money order, or credit card.

CHEQUE OR MONEY ORDERS

Postdated cheques are not accepted. Cheques that are not honoured by your bank are subject to a \$25 service charge.

CREDIT CARDS

If you choose to pay by credit card, please check off the type of card you are using. Clearly indicate the name on the credit card, the credit card number, the expiry date, and include you signature in the spaces provided below.

CHEQUE MONEY ORDER VISA MASTERCARD AMERICAN EXPRESS

NAME OF PERSON ON CREDIT CARD (PLEASE PRINT):

CREDIT CARD NUMBER:

EXPIRY DATE:

SIGNATURE:

If you are seeking hospital privileges in order to treat disabled patients, the administration fee will be waived. Please check this box to indicate this is the case.

FOR OFFICE USE ONLY - AUTHORIZATION APPROVED - COMMENTS