

**A CONSENT FOR RELEASE OF INFORMATION FORM  
TEMPORARY AUTHORIZATION**

I have made application with the Provincial Dental Board of Nova Scotia (PDBNS) for a Temporary Authorization.

The PDBNS may wish additional information in connection with my application and I have agreed to co-operate with the PDBNS to assist it in processing my application.

I therefore, hereby irrevocably authorize and direct the:

\_\_\_\_\_  
Name of Regulatory Body where currently licensed (make additional copies of this form if more than one Regulator)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Country

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Telephone No.

to provide the PDBNS, at my expense, with full disclosure of any and all information you may have respecting my application to you, my history including complaints, investigations and any unresolved cases / matters therein, my continuing education standing, in addition to any information respecting my professional conduct, competence and capacity including providing a copy of any written information in my file pertaining to these matters and this shall be your full, final and irrevocable authority for so doing.

It is further understood and acknowledged by me that I have been advised by the PDBNS that I should obtain legal advice prior to executing this consent and that I have either done so or have had sufficient opportunity to do so prior to executing this consent for release of information.

\_\_\_\_\_  
Signature of Applicant


\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Applicant (print name)

\_\_\_\_\_  
Witness (print name)

\_\_\_\_\_  
Date

Return completed form marked Confidential to:

  
Registrar  
Provincial Dental Board of Nova Scotia  
103, 210 Waterfront Dr.  
Bedford, NS B4A 0H3