

Credential and Professional Conduct Verification

Consent for Letter of Standing



COLLEGE OF
CHIROPRACTORS
OF ALBERTA

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

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

Recipient's Organization name:

Attention:

(name of individual)

Salutation:

☐ Dr. ☐ Mr.

☐ Mrs. ☐ Ms.

Email of recipient:

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.

Full name:	CCOA licence number:
Email:	Phone:
Date:	Signature:

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

Submit via email:

registration@theccoa.ca