

## Authorization for Release of Information

The College of Physicians and Surgeons of British Columbia ("the College") occasionally receives telephone and email queries regarding the progress and expected timelines of an application for registration and licensure. College staff are unable to release information to, obtain information from, and discuss any information relevant to your registration and licensure with the College with third parties without your written consent.

By signing and returning this form to the College, you are providing written consent to the College to release information to, obtain information from, and discuss any information relevant to your registration and licensure with the College with the third parties listed in the Authorization section below.

If you do not sign and return the form to the College and the College receives queries from third parties regarding your application, the third parties will be informed that the College cannot discuss your application, as we have not received your written consent to do so.

### AUTHORIZATION

I, Dr. \_\_\_\_\_, born \_\_\_\_\_ hereby authorize the College of Physicians and Surgeons of British Columbia ("the College") to release information to, obtain information from and discuss any information relevant to my registration and licensure with the College with:

1. my employer, my sponsor (e.g. health authority, University of British Columbia, Ministry of Health), or supervisor, or any hospital or other medical facility through which I provide medical services,
2. the applicable licentiate and certification examination organizations including the Medical Council of Canada ("the MCC"), the College of Family Physicians of Canada ("the CFPC"), the Royal College of Physicians and Surgeons of Canada ("the RCPSC"), and the American Podiatric Medical Licensing Examinations ("the APMLE"), and
3. the Division of Continuing Professional Development at the UBC Faculty of Medicine.

I agree that this authorization will remain in full force and effect unless I have provided the registrar of the College formal written notice of my intention to withdraw my authorization and I agree that such notice will be effective fifteen (15) days following receipt of same by the registrar.

I hereby release the College, its employees and agents, from any and all claims whatsoever which may arise as a result of the release of the above information.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Witness: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Print name: \_\_\_\_\_