



National Dental Assisting Examining Board  
Bureau national d'examen d'assistance dentaire

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**VOLUNTARY DISCLOSURE OF PERSONAL INFORMATION TO DA ASSOCIATION  
OR THIRD PARTY (OTHER THAN A DARA)**

**With your voluntary consent, the NDAEB will release your name, NDAEB certificate number and date of exam or CPE sitting to a dental assisting association or other third party (one only).**

Should you wish to have the NDAEB voluntarily release your name, NDAEB certificate number and date of examination or CPE to a provincial DA association, or third party other than a DARA, you must read and **voluntarily** sign the consent form below. **Releasing your name and NDAEB certificate number does not mean that you are automatically licensed/registered/certified in a province. You must contact the DARA or DA association for details regarding provincial licensure/registration requirements.**

Please note, in the event you are unsuccessful on your exam or CPE, the NDAEB will not release your information to a third party, **EXCEPT FOR A DARA**, even if you have signed this consent form.

You may voluntarily disclose your NDAEB information, **directly** to a third party without the knowledge of the NDAEB. Please retain your exam and CPE results and NDAEB certificate in a safe place for future use.

**You are not required to sign this form when registering for the exam or CPE.** Should you wish to have the NDAEB disclose information on your behalf at a later date, you may request a form at some time in future.

**Note:** in the interest of public safety, the NDAEB will automatically release your exam or CPE results, pass or fail, to the Dental Assisting Regulatory Authority in the province in which you wrote the exam or took the Clinical Practice Evaluation (CPE) or to another provincial DARA upon request of the DARA. Please refer to the written exam or CPE application form and NDAEB privacy policy for details.

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**VOLUNTARY INFORMED CONSENT**

I request that the NDAEB disclose my name, certificate number and date of exam and or CPE to one of the following:

Please check  **one** only

- Ontario Dental Assistants Association (ODAA)
- Other ( please specify below):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: (Please print) \_\_\_\_\_