



Newfoundland and Labrador Council of Health Professional (NLCHP)

209 Blackmarsh Road, St. John's, NL A1A 1T1

709-745-7304 or 1-855-863-8616 contact@nlchp.ca www.nlchp.ca

Verification of Good Standing

(Please print. Completed form to mailed or faxed)

Section 1

Verification of good standing is required from each jurisdiction in which you are currently or have ever been registered. This letter must confirm whether or not you are in good standing as well as whether or not you have ever been the subject of investigative or disciplinary proceedings and the particulars of those proceedings.

This section must be completed by the applicant and forwarded to the regulatory body in the jurisdiction(s) in which you have been registered.

I, _____ hereby authorize _____
Name of Registration/Licensing Board

to provide the information requested below and any additional information as requested by the Newfoundland and Labrador Council of Health Professionals (NLCHP) in order to process my application for a license to practice.

Applicant's Signature _____ Date _____

Applicant's Phone Number _____ Applicants Registration/Licence No. _____

Section 2

This section must be completed by the registration / licensing body and forwarded directly to the NLCHP.

I, _____ the Registrar / Secretary acting on behalf of the
Name of Registrar / Secretary

_____ certify that the following statements are true
Regulatory Body

relating to the registration licensing record for: _____
Applicants Name Registration/License #

held from _____ to _____
Date Held from Date Held to

- 1. There have been no suspensions, cancellations, or revocations imposed on applicant's registration. [] Yes [] No
2. There have been no terms, limitations or conditions imposed on applicant's certificate of registration. [] Yes [] No
3. There has been no discipline or fitness to practice hearing or mediation/alternative dispute resolution involving applicant. [] Yes [] No
4. There are no allegations pending a discipline hearing involving the applicant. [] Yes [] No
5. There is no complaint or investigation involving applicant and the outcome of the complaint review or investigation excluding those that were dismissed. [] Yes [] No
6. There is no complaint or investigation pending against applicant. [] Yes [] No

If you answer yes to any of the above questions, please provide details.

Signature _____ Date _____ Apply Seal