

**Consent for Release of Credentials File**

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| **Enter the name of the credentialed Professional Staff (CPS) / Learner who requires their file to be released:** | | | | |
| **First Name:** | **Last Name:** | | | |
| **Identify the documents that are being requested to be released – Place an “X” where applicable:** | | | | |
| ***SECTION A: I consent that the below documentation can be shared with London Health Sciences Centre (LHSC) Medical Affairs department and St. Joseph’s Health Care London (St. Joseph’s) Medical Affairs department.*** | | | **Yes** | **No** |
| Curriculum Vitae | | |  |  |
| Reference Letters | | |  |  |
| Professional Liability Membership Confirmation | | |  |  |
| Certificate of Professional Conduct from applicable licensing college | | |  |  |
| ***SECTION B: I consent that the below documentation can be shared with LHSC Occupational Health department and St. Joseph’s Occupational Health department*** | | | **Yes** | **No** |
| N95 Fit Test certification date/mask type | | |  |  |
| Health Review file | | |  |  |
| **SECTION A Documents to be sent to:** | | | | |
| **London Health Sciences Centre**  Medical Affairs Department  800 Commissioners Road East  London, ON N6A 5W9  [Medical.affairs@lhsc.on.ca](mailto:Medical.affairs@lhsc.on.ca)  519-685-8500 x75125 | | **St. Joseph’s Health Care London**  Medical Affairs Department  268 Grosvenor Street  London, ON N6A 4V2  [sjhc.medaffairs@sjhc.london.on.ca](mailto:sjhc.medaffairs@sjhc.london.on.ca)  519-646-6100 x67034 | | |
| **SECTION B Documents to be sent to:** | | | | |
| **London Health Sciences Centre**  Occupational Health and Safety Services  800 Commissioners Road East  London, ON N6A 5W9  [OHSS-medicalaffairs@lhsc.on.ca](mailto:OHSS-medicalaffairs@lhsc.on.ca) | | **St. Joseph’s Health Care London**  Occupational Health and Safety Services  P.O. Box 5777, Stn B  London, ON N6A 4V2  [ohsshealthreviews@sjhc.london.on.ca](mailto:ohsshealthreviews@sjhc.london.on.ca) | | |

The below section is to be completed and signed by the applicant whose documentation is being released. By signing and dating below, the named applicant agrees that the above information can be shared with both London Health Sciences Centre Department of Medical Affairs and Department of Occupational Health and St. Joseph’s Health Care London Department of Medical Affairs and Department of Occupational Health.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CPS / Learner Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CPS / Learner Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |