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**Consent for Release of Credentialing File**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Enter the name of the Credentialed Professional Staff (CPS) 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 the Medical Affairs Departments at London Health Sciences Centre (LHSC) and St. Joseph’s Health Care London (St. Joseph’s).*** | | | **Yes** | **No** |
| * Curriculum Vitae * Reference Letters * Professional Liability Membership Confirmation * Certificate of Professional Conduct from applicable licensing college * Probationary evaluations and all applicable documentation and communication relating to the probationary period | | |  |  |
| ***SECTION B \*\*: I consent that the below documentation can be shared with the Occupational Health departments and LHSC and St. Joseph’s.*** | | | **Yes** | **No** |
| * Health Screen Form * All relevant supporting Health Review documentation * N95 Fit Test certification date/mask type | | |  |  |
| By signing and dating below, the named applicant agrees that the documents checked “yes” above can be shared between the two Medical Affairs departments and two Occupational Health departments noted below the signature line.   |  |  |  | | --- | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | | | | |
| **SECTION A \*: Documents checked “yes” above, will be shared between the two Medical Affairs departments at:** | | | | |
| **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 checked “yes” above, will be shared between the two Occupational Health departments at:** | | | | |
| **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) | | |