nova scotia health | Learning Institute for Health Care Providers

CONSENT TO RELEASE OF INFORMATION FORM

Name of Program_____

Full Time_____ Part Time_____

The Nova Scotia Health Learning Institute for Health Care Providers strives to protect and regulate the use and disclosure of program information, however; employers of participants in this Program may request information as to the participant's performance in this Program. If you wish to facilitate or have no objection to the release of this information to your Employer, please complete this consent. We note our understanding that employers require this information as a condition of their continued financial support of the participant in the Program and the Program will therefore advise employers if this form is not signed.

_____
(NAME OF APPLICANT – PLEASE PRINT)

_____
(SIGNATURE OF APPLICANT)

_____
DATE