



Health Professions Review Board

Suite 900, 747 Fort Street, Victoria BC V8W 3E9

Tel: (250) 953-4956

Toll free: (888) 953-4986

Website: hprb.gov.bc.ca

Email: hprbinfo@gov.bc.ca

Form 1

For Office Use Only
File No.

HPRB-HPA-

Application for Review of a Registration Committee Decision

- You have 30 days from the date you receive the disposition to apply for review.
- If it is more than 30 days since you received a decision, also complete Form 13 – Extension of Time and send the completed forms to both the Review Board and the College.
- To apply for review, complete this form, sign it, and send it to the Review Board AND the College together with a copy of the Registration Committee decision. To begin the Review Process, we require ONLY these documents. Everything else will be returned to you.**
- This Request for Review **does not** put the College's decision on hold until the Review Board issues a decision (it does not stay the Registration Committee's decision).
- If you want to apply for a stay of the Registration Committee Decision, pending the Review Board's decision, please refer to [Practice Directive #6](#) and **contact the Review Board as soon as possible.**
- The Review Board gets the entire College Record in due course. You will get a chance to give submissions at the appropriate time

Person Requesting Review

Name of Person Applying for Review (Registrant)		Preferred Pronouns
Mailing Address	City	Postal Code
Phone Number	Email Address	

Agent - only needs to be filled out if you want someone else to act for you (such as a lawyer). The agent can act for you and can get and disclose all information related to the review, including your personal information.

Name of Agent		
Mailing Address	City	Postal Code
Phone Number	Email Address	

College

Name of College	
College Contact Name (Registration Committee)	
Date of Registration Committee Decision	Date you received the Registration Committee Decision

Reason for Request for Review (attach separate page if needed)

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Relief sought – what do you want the Review Board to order the College to do: (attach additional pages if needed)

Please complete:

- I have attached **ONLY** the Registration Committee Decision to this application (I will be able to provide additional supporting documents later in the process)

Choose one:

- I have sent this application to the College **OR**
- I acknowledge that I must send a copy of application to the College

If submitting this form by email:

I, _____, understand that checking this box constitutes a legal signature.

If submitting this form by facsimile or Canada post, the form must be signed by the person requesting review – agent cannot sign

Signature	Date
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