



Health Professions Review Board

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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
- The copy of the college decision **must** be in .pdf format. We **do not accept** smart phone pictures of any materials

Person Requesting Review

| | | |
|--|------|---------------|
| Name of Person Applying for Review (Applicant) | | Pronouns |
| Mailing Address | City | Postal Code |
| Phone Number | | Email Address |

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

| | | |
|------------------------|------|---------------|
| Name of Representative | | |
| 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 – representative cannot sign

| | |
|-----------|------|
| Signature | Date |
|-----------|------|