



# Health Professions Review Board

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## Form 10

### REQUEST TO ADMIT ADDITIONAL INFORMATION (Registration Committee Decision Review)

Review Board File Number: \_\_\_\_\_

Between: \_\_\_\_\_

Applicant

And: \_\_\_\_\_

College

#### Part 1

- I request that the Review Board consider the information attached to this form in its review of this matter
- I confirm that this attached information is not in the college's registration file

List information below:

## Part 2

- The Review Board may hear evidence that is not part of the record as reasonably required for a full and fair disclosure of all matters related to the issues under review, under s. 50.54(8) of the Health Professions Act
- The Review Board will decide whether to admit the information submitted with this form

**Reasons why the attached information should be admitted by the Review Board in the review of this matter:**

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**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, sign and date**

Signature	Date
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**\*Please ensure that copies of any additional documents are attached to this form.**