



Health Professions Review Board

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Form 11

REQUEST TO ADMIT ADDITIONAL INFORMATION (Inquiry Committee Disposition Review)

Review Board File Number: _____

Between: _____

Complainant

And: _____

College

And: _____

Registrant

Part 1

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

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.**