



Health Professions Review Board

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Form 2

For Office Use Only
File No.

HPRB-HPA-

Application for Review of a Delayed Investigation

- The College has up to **255** days to investigate a complaint before they must suspend its investigation.
- You have **30** days from the date that you receive the Suspension Letter (notice of a delayed investigation) from the college to request a Delayed Investigation Review
- If it has been over **30** days, you **cannot** apply for a review and must wait for the final disposition from the college.
- **To apply for a review, complete this form, sign it, and send it to the Review Board, the College, and the Registrant/Complainant together with a copy of the Suspension Letter. To begin the Review Process, we require ONLY these documents. Everything else will be returned to you.**
- If you are a complainant who named more than one Registrant, you **must** complete a separate Form 2 for each Registrant.
- 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 (<input type="checkbox"/> Complainant or <input type="checkbox"/> Registrant)		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	

Details of Delayed Investigation

Name of College	
College Contact Name	
Name of Other Party (<input type="checkbox"/> Complainant or <input type="checkbox"/> Registrant)	Address (if known)
Date of Written Notice of Delay	Date you Received the Notice of Delay

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

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Briefly describe the complaint that the College is investigating and provide the date you applied to the college. (use a separate page if needed)

Please complete:

- I have attached the Notice of Delay to this application.

Choose one:

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

If submitting your application by email:

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

**If submitting your application by facsimile or Canada post, the form must be signed.
Signature of person requesting review – agent cannot sign**

Signature	Date
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