



Health Professions Review Board

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FORM 4 AGENT AUTHORIZATION

Review Board File No. _____

Between _____ (Applicant or Complainant)

And: _____ (College)

And: _____ (Registrant, if applicable)

I, _____, authorize _____
(Your Name) (Agent's Name)

to be my agent in regard to this review. My agent is authorized to receive and disclose all information relating to the review, including my personal information. I understand that the Review Board and other parties will not contact me directly and will contact only my agent.

My agent's British Columbia postal address or email address will be my address for delivery, and I understand that I am deemed to have received anything sent there.

Agent's Name _____

Agent's Address _____

Agent's Phone number _____

Agent's Email address _____

An agent who stops representing a person must immediately (1) notify the Review Board in writing stating the client has been notified; and (2) deliver a copy of the notice to all other parties.

If I decide to change agents or act on my own behalf, I must write to the Review Board and all other parties telling them so and give a current British Columbia postal address.

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 here

Signature	Date
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