Health Professions Review Board

Suite 900, 747 Fort Street, Victoria BC V8W 3E9
Tel: (250) 953–4956 Toll free: (888) 953–4986
Website: hprb.gov.bc.ca Email: hprbinfo@gov.bc.ca

FORM 7
CHANGE OF ADDRESS FOR DELIVERY

Review Board File No. _____

Your Name _____

Your **OLD** address for delivery and contact information:	
Street/ Mailing Address:	
Phone Number:	
Email Address:	
Your **NEW** address for delivery and contact information:	
Street/ Mailing Address:	
Phone Number:	
Email Address:	

☐ I have sent copies of this change of address for delivery to all parties.

I confirm the information on this form is correct and complete.

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

Signature	Date