



Health Professions Review Board

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FORM 9 Withdrawal of Application for Review

Review Board File No. _____

Between: _____ (Applicant or Complainant)

And: _____ (College)

And: _____ (Registrant, if applicable)

I, _____,
(print name)

am withdrawing this application for review, and I understand that this means the Review Board will dismiss my application.

Check one:

I have sent a copy of my withdrawal form to all parties.

OR

I will send a copy of my withdrawal form to all parties.

Optional: I am withdrawing because

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
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