



# Health Professions Review Board

PO Box 9429 Stn Prov Govt, Victoria BC V8W 9V1

Tel: (250) 953-4956

Website: [www.bchprb.ca](http://www.bchprb.ca)

Toll free: (888) 953-4986

Email: [hprbinfo@gov.bc.ca](mailto:hprbinfo@gov.bc.ca)

## 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

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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