



Health Professions Review Board

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Form 10

REQUEST TO ADMIT ADDITIONAL INFORMATION Licensing Decision Review

Review Board File Number: _____

Between: _____

Applicant

And: _____

College

Part 1

Attach the information you are asking the Review Board to admit, and describe it

Part 2

The Review Board may admit the attached information if it is not already in the record, and the Review Board decides that it is required for a full and fair disclosure of all matters in the review

Why is the attached information required for a full and fair disclosure of all matters that are the subject of the review?

Submitting your Request

Check all boxes

- I have attached the additional information I ask the Review Board to admit
- The attached information **is not in the College's Licensing file**
- I must send a copy of this form and attached information to the College and the Respondent

If sending by email, check this box and type your name:

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

If sending by post, sign and date

Signature

Date