



Health Professions Review Board

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Form 11

REQUEST TO ADMIT ADDITIONAL INFORMATION

Investigation Committee Disposition Review

Review Board File Number: _____

Between: _____

Complainant

And: _____

College

And: _____

Respondent

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

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|---|
| <p>Check all boxes</p> <ul style="list-style-type: none"><input type="checkbox"/> I have attached the additional information I ask the Review Board to admit<input type="checkbox"/> The attached information is not in the College's Licensing file<input type="checkbox"/> I must send a copy of this form and attached information to the College and the Respondent |
| <p>If sending by email, check this box and type your name:</p> <p><input type="checkbox"/> I, _____, understand that checking this box constitutes a legal signature.</p> |
| <p>If sending by post, sign and date</p> <p>_____ Signature</p> <p>_____ Date</p> |