Health Professions Review Board

PO Box 9429 Stn Prov Govt, Victoria BC V8W 9V1
Tel: (250) 953–4956 Toll free: (888) 953–4986
Website: www.bchprb.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:	

Submitting this form

Check box

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

If submitting this form by email:

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

If sending by Canada Post, sign and date

_____ _____

Signature **Date**

April 2026