



Health Professions Review Board

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

Tel: (250) 953-4956

Website: www.bchprb.ca

Toll free: (888) 953-4986

Email: hprbinfo@gov.bc.ca

Form 3

For Office Use Only
File No.

HPRB-HPA-

To apply for a Review of an Inquiry Committee Disposition

- You have **30** days from the date that you receive the College decision letter to apply for a Request for Review of an Inquiry Committee Disposition.
- If it is more than 30 days since you received a disposition, also complete Form 13 – Extension of Time and send it to the Review Board, the College, and the Registrant.
- To apply for review, complete this form, sign it, and send it to the Review Board, the College, and the Registrant together with a copy of the Inquiry Committee Disposition. To begin the Review Process, we require ONLY these documents. Everything else will be returned to you.**
- If you are naming more than one Registrant, you **must** complete a separate Form 3 for each Registrant
- The Review Board **cannot order payment of money (damages) or refund of fees paid**
- The Review Board gets the entire investigation record in due course. You will get a chance to give submissions at the appropriate time.
- The copy of the college decision **must** be in .pdf format. We **do not accept** smart phone pictures of any materials

Person Requesting Review

Name of Person Applying for Review (Complainant)		Pronouns
Mailing Address	City	Postal Code
Phone Number	Email Address	

Representative – this only needs to be filled out if you want someone else to act for you (such as a lawyer). Your representative will act for you be able to access all information related to the review, including your personal information, and will have authority to disclose your personal information for the purpose of review.

Name of Representative		
Mailing Address	City	Postal Code
Phone Number	Email Address	

Name of College	
College Contact Name (Inquiry Committee)	Phone number
Name of Health Professional (Registrant) who is the subject of the complaint - if you complained about more than one registrant, you must fill out a separate application for each registrant	Address and phone
Date of the college decision letter	Date you received the decision letter

Under the *Health Professions Act*, the Review Board **cannot** investigate a complaint. The Review Board reviews (Please check ONE option):

☐ the **adequacy of the college's investigation** into the complaint

☐ the **reasonableness of the disposition OR**

☐ **both** adequacy of the investigation and reasonableness of the disposition

Explain why the college's investigation was inadequate and/or its disposition was unreasonable (attach separate page if required).

Action requested

Check one or more options. I ask that the Health Professions Review Board

- ☐ direct the inquiry committee to take appropriate action to resolve the matter between me and the registrant
- ☐ direct the inquiry committee to direct the registrar of the college to issue a citation against the registrant
- ☐ direct the inquiry committee to request in writing that the registrant undertake not to repeat the conduct which is the subject of my complaint
- ☐ direct the inquiry committee to request in writing that the registrant undertake to take specified educational courses
- ☐ direct the inquiry committee to request in writing that the registrant consent to a reprimand
- ☐ direct the inquiry committee to request in writing that the registrant undertake or consent to other specified action
- ☐ send the matter of my complaint back to the inquiry committee for reconsideration with such directions as the review board determines are appropriate
- ☐ Other (Please specify)

Please complete:

- ☐ I have attached **ONLY** the College Disposition to this application (I will be able to provide additional supporting documents later in the process)

Choose one:

- ☐ I have sent this application to the College and the Registrant **OR**
- ☐ I acknowledge that I must send a copy of application to the College and the Registrant

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 of person requesting review – representative cannot sign

Signature	Date
-----------	------