



Health Professions Review Board

Suite 900, 747 Fort Street, Victoria BC V8W 3E9

Tel: (250) 953-4956

Website: www.bchprb.ca

Toll free: (888) 953-4986

Email: hprbinfo@gov.bc.ca

Form 13

To ask for a review more than 30 days after you received a College decision

- The [Health Professions Act](#) gives you 30 days to ask for a review once you receive a college decision. This is so that the College and anyone else involved can have certainty and get on with their lives
- However, the Review Board can accept your request for review after the 30 days, in special circumstances. You must explain what your special circumstances are
- This document is supplementary to your application for Review
- The Review Board may ask for submissions from the College or another party
- The Review Board will consider your request and issue a decision

Please use this form or write a letter to explain what special circumstances justify the Review Board accepting your application past the normal deadline. It is very important that you address each of the following:

1. Evidence that you formed a genuine intention to apply for review and communicated that to any respondent before the expiry of the 30 day limitation period (for example, by telling the College that you planned to challenge its decision).
2. A legitimate explanation for why your application was late.
3. Reasons why your application for review is not bound to fail. The best way to do this is to list your reasons for challenging the College decision and explain why the application for review has sufficient merit to justify an extension of time.

You can also provide other explanations or information about your circumstances that you believe would support your application.

Date on College decision letter _____

Date you received the College letter _____

The Review Board should accept my late application because (attach a separate sheet may be attached if needed)

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, sign and date here

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