

Application for Reconsideration of an Administrative Refusal

If the Registrar or the Deputy Registrar, Licensing, has refused your application under section 44 of the *Health Professions and Occupations Act* (an “Administrative Refusal”), you may be eligible to apply for the decision to be reconsidered.

Instructions

To apply for a reconsideration of an administrative refusal, you must submit the following documents to licensingreconsiderations@bccnm.ca **within 30 days** of the date of your decision letter:

- This form, completed in full. Incomplete applications will not be considered.
- The decision letter you received from BCCNM, refusing your application.
- **Optional:** Written submissions to support your application (see Part C).

PART A – Personal information

Last name: _____ First name: _____

Middle name(s): _____ BCCNM ID: _____

Previous name(s), if applicable: _____

PART B – Reason(s) for requesting a reconsideration

BCCNM can only reconsider the decision to refuse your application for one or more of the following reasons. **Please select all that apply:**

- The decision was made contrary to the *Health Professions and Occupations Act* (HPOA), the HPOA regulations, or BCCNM bylaws.
- The decision was not made in accordance with the principles of procedural fairness; or
- New information is available that is relevant and:
- Was not available, or could not reasonably have been discovered through the exercise of due diligence, before the decision was made; or
 - Relates to a change in circumstances since the decision was made and, because of the change, the administrative refusal is no longer appropriate.

PART B – Reason(s) for requesting a reconsideration (cont'd)

Please provide information to support the reason(s) you have selected above for BCCNM to reconsider your administrative refusal. If you require more space than has been provided below, please submit a word document with this application.

If you have any documents to support the reason(s) you have selected, please submit them with this application.

PART C – Written submissions (optional)

You may provide written submissions once in support of this application: either with this form or after we have reviewed your application for a reconsideration. If you will be providing written submissions, doing so now will help expedite the reconsideration process.

If you are including your written submissions with this application, please provide them in the box below or as a separate document submitted with your completed application.

PART D – Declaration

I declare the information provided on this form, and in support of this application for reconsideration, is true and complete.

Date (mm/dd/yy): _____