

Application for Review of a Revocation Decision

If the Registrar or the Deputy Registrar of Licensing has revoked, varied, or suspended your licence, you may be eligible to apply for a review of the decision by the Licence Committee. Applications must be complete and submitted within 14 days of the date of your decision letter to be considered.

Instructions

To apply for a review of the decision to revoke your licence, you must submit the following documents to licensingreconsiderations@bccnm.ca **within 14 days** of the date of the decision letter revoking your licence:

- This form, completed in full. Incomplete applications will not be considered.
- The letter you received from BCCNM advising you of the revocation of your licence.
- Any written submissions you would like the Licence Committee to consider (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 review

BCCNM can only reconsider an equivalency determination for 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 equivalency determination 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 decision is no longer appropriate.

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

Please provide information to support the reason(s) you have selected above for the Licence Committee to review the decision to revoke your licence. 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 in support of this application for the Licence Committee to consider. If you are providing written submissions, 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 review, is true and complete.

Date (mm/dd/yy): _____