Choose Discipline Tribunal.

**REQUEST TO REFER A REINSTATEMENT APPLICATION**

**Applicant’s Information:**

|  |  |
| --- | --- |
| Name of applicant: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City: | \_\_\_\_ | Province: | \_\_\_\_\_ | Postal code: | \_\_\_\_ |
| Telephone number: | \_\_\_\_\_\_\_\_\_\_\_ | Email address: | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Registration No.: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**Representative’s Information (if applicable):**

|  |  |
| --- | --- |
| Name of applicant’s representative: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Firm: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City: | \_\_\_\_\_\_\_\_\_\_\_ | Province: | \_\_\_\_\_\_\_\_\_ | Postal code: | \_\_\_\_\_\_ |
| Telephone number: | \_\_\_\_\_\_\_\_\_ | Email address: | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| LSO No.: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**Previous Proceedings:**

The applicant’s certificate of registration was [ ] revoked **|** [ ]  suspended by the Tribunal or the Discipline Committee, on:

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| Date |  | Tribunal File No. |

**Note: this application must be made at least five years after the applicant’s certificate of registration was revoked in the case of revocation for sexual abuse, at least one year after the applicant’s certificate of registration was suspended or revoked for other reasons or at least six months after the decision has been made in another application for reinstatement.**

**Please contact the Tribunal Office at** **tribunal@hpdt.ca** **to obtain the supplementary questions, if applicable.**