**ONTARIO PHYSICIANS AND SURGEONS DISCIPLINE TRIBUNAL**

**Tribunal File No.:** Insert No.

College of Physicians and Surgeons of Ontario

**College**

- and -

Dr. [First name(s)] [Last name]

**Member**

REQUEST TO PARTICIPATE

Click or tap here to enter name of requestor. asks to participate in this proceeding.

**[Add if a case management conference about the request has not yet been held**: All participants are available at the following three dates and times for a case management conference:

* Click or tap to enter a date. at Click or tap here to enter time.
* Click or tap to enter a date. at Click or tap here to enter time.
* Click or tap to enter a date. at Click or tap here to enter time.**]**

The College consents, opposes or takes no position. The Member consents, opposes or takes no position.

The request is made pursuant to Tribunal Rule 5. The requestor wishes to participate in some/all. of the proceeding.

The requestor asks to **[identify all that apply]**:

* [ ] make submissions on the facts and law,
* [ ] provide evidence
* [ ] cross-examine witnesses

The requestor’s interest in the proceeding is Click or tap here to enter explain why or how the proceeding may affect your rights or interests..

**Date:** Click or tap to enter a date.

Click or tap here to enter Name, address, email and phone number of representative or party filing document.

**TO:**

Click or tap here to insert names of other participants and their representatives, if applicable.