**ONTARIO PHYSICIANS AND SURGEONS DISCIPLINE TRIBUNAL**

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

**Applicant**

- and -

College of Physicians and Surgeons of Ontario

College

NOTICE OF APPLICATION TO REMOVE INFORMATION FROM THE PUBLIC REGISTER

The applicant applies to the Ontario Physicians and Surgeons Discipline Tribunal in accordance with Rule 13.1.1 of the Tribunal’s Rules of Procedure for an order removing the following information from the public register:

* Click or tap here to list the specific information you want removed from the public register.

The grounds for the Application are:

* the information to be removed is no longer relevant to Applicant’s suitability to practise; and
* removal of the information outweighs the desirability of public access to the information and the public interest.

The information to be removed does not relate to disciplinary proceedings concerning sexual abuse as defined in s. 1(3) of the Health Professions Procedural Code.

**Name and Contact Information**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of applicant: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| City: | \_\_\_\_\_\_\_\_ | | | Province: | \_\_\_\_\_ | | Postal Code: | \_\_\_\_\_\_ | |
| Telephone Number: | | | \_\_\_\_\_\_\_\_\_\_\_ | | | Email address: | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| CPSO No.: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  | |  |

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

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form should be served on the College Legal Department by sending it to** [**mgiokas@cpso.on.ca**](mailto:mgiokas@cpso.on.ca) **and filed with the OPSDT at** [**tribunal@opsdt.ca**](mailto:tribunal@opsdt.ca)