# FORM 6 – REQUEST FOR A WRITTEN OR ELECTRONIC PROCEEDING

**Discipline Committee of the
Ontario College of Pharmacists**

**IN THE MATTER OF** the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18, as amended, and the regulations thereunder, as amended;

**AND IN THE MATTER OF** the *Pharmacy Act, 1991*, S.O. 1991, c.36, as amended, and the regulations thereunder, as amended;

**AND IN THE MATTER OF** the *Drug and Pharmacies Regulation Act,* R.S.O. 1990, c.H.4, as amended, and the regulations thereunder, as amended;

**AND IN THE MATTER** of allegations of proprietary/ professional misconduct/ incompetence referred by the Accreditation/ Inquiries, Complaints and Reports Committee to the Discipline Committee of the Ontario College of Pharmacists regarding *(Member’s Name)* .

**REQUEST FOR A WRITTEN OR ELECTRONIC PROCEEDING**

**THE** *[name of the moving party]*is requesting that the hearing, part of the hearing or a step in the proceedings be conducted in writing and/or electronically.

**SPECIFICALLY,** *[name of the moving party]*is requesting that:

[ ]  the pre-hearing be conducted electronically;

[ ]  the hearing be conducted electronically;

[ ]  a step in the proceedings be conducted electronically;

[ ]  a step in the proceedings be conducted in writing;

[ ]  other

**THE DETAILS OF THE REQUEST** are as follows:

1. Clarify the nature of the proceeding/step(s) identified above and indicate any dates that have been scheduled:

1. The purpose of the proceeding/step identified above is to:

[ ]  deal with a procedural matter(s)

**OR**

[ ]  as follows:

1. Indicate whether the request is for teleconferencing or videoconferencing and explain why:

|  |  |
| --- | --- |
| Today’s Date:       | *Name,* *Address, and* *telephone and facsimile number* *of the requesting party**or their representative:*      |

*Signature of requesting party*

By signing this Request for a Written/Electronic Proceeding, the person identified above confirms that he or she has delivered a copy of this form to the party or parties set out below and that the information contained in this form is accurate.

TO *(Name,
Address, and*

*telephone and facsimile number*

*of the responding party or their*

*representative)*: