



Application Form Request for Removal of Information from the Public Register Due to Safety Concerns

Registrants who wish to request the removal of information from the [public register](#) (Find a Pharmacy/Professional tool) due to a concern about their safety must complete the form below. Questions about this process can be directed to registrantservices@ocpinfo.com.

OVERVIEW

Under Section 23(6) of the [Health Professions Procedural Code \(the Code\)](#), “the Registrar may refuse to disclose to an individual or to post on the College’s website an address or telephone number or other information designated as information to be withheld from the public in the by-laws if the Registrar has reasonable grounds to believe that disclosure may jeopardize the safety of an individual.” The [College’s By-Law No. 7](#) lists the information that may be withheld from the public for the purposes of subsection 23(6) of the Code.

If your application is approved, the College may choose to remove some or all of the information you have specified. Details must be provided below to clearly articulate the reason for the request, which must be related to a concern about the **safety of an individual**.

Information that is removed from the public register still remains part of a registrant’s official record with OCP. The College may also disclose information in the circumstances specified under s. 36 of the *Regulated Health Professions Act, 1991*.

Please note that registrants seeking to have information removed under Section 23(7) of the Code because the information is obsolete and no longer relevant to the registrant’s suitability to practice (i.e., there are no safety concerns) should not use this form. For those applications, please see the College’s webpage on [Requests for Removal of Information from the Public Register subsequent to Section 23\(7\) of the Health Professions Procedural Code](#).

APPLICATION

Please complete the application form below. Send your completed application form and supporting documents to registrantservices@ocpinfo.com.



**Application Form
Request for Removal of Information from the Public
Register Due to Safety Concerns**

Registrant Name:

OCP Number:

Please describe the information you wish to be removed from the public register.

Please provide the reasons why you want the specific information removed.

Please attach any supporting documents you may have (such as a court order or police report) to your application or email and/or provide additional evidence below.

Declaration and Signature

I have attached the required supporting documents or provided other evidence.

To the best of my knowledge, the information supplied in this application form is complete and accurate.

Signature (type name)

Date signed