

IDENTITY PROTECTION ORDER (IPO) APPLICATION FORM**under section 235(1) of the Health Professions and Occupations Act (HPOA)****Applicant Contact Information**

Please provide the following information:

Full Name: _____**Mailing Address:** _____
_____**Telephone Number(s):** _____**Email Address(es):** _____
_____**Person Seeking Identity Protection**

Please indicate who the application is for:

- Myself
- Another person (provide their full name and your relationship to them):

Name: _____

Relationship: _____
_____**College Matter Information**

Please specify the college matter in relation to which you seek identity protection:

- The concern/complaint to which this application is attached
- An administrative matter
- The matter's reference or file number: _____
- The licensee's name (if known): _____
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- _____

Relationship to the Matter

Identity protection is available only to specific individuals under s. 236 of the HPOA. Please check all that apply:

- I have made a regulatory complaint.
 - I have made a regulatory report.
 - I have assisted or provided information or records to an investigator or a person acting under the HPOA.
 - I (or the person for whom I seek identity protection) received oral health services from a licensee who was not, or might not have been, fit to practise.
 - I (or the person for whom I seek identity protection) experienced conduct by a licensee that may have been an act of misconduct.
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Reasons for Requesting Identity Protection

Please explain why disclosure of your identity or involvement in this matter may negatively impact you or others (e.g., workplace concerns, community impact, personal safety or other risks):

Extent of Identity Protection Requested

Please indicate the level of identity protection you are seeking:

- Full anonymity** – Your identity would not be disclosed to any parties in the investigation process, including to the licensee or to other witnesses.
 - Partial anonymity** – Your identity may be disclosed but only to certain parties in the investigation process or your name may not be disclosed to parties in the investigation process but other information about you may be disclosed. There may be other limits or conditions on disclosure
 - Unsure / Leave for decision-maker**
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Declaration

I am applying for an Identity Protection Order (IPO) under the **Health Professions and Occupations Act (HPOA)**. I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that a decision-maker will consider the factors set out in s. 237(1) of the HPOA in making their decision and that I may be contacted for additional information if required.

Signature: _____

Print Name: _____

Date: _____