FORM 3A – NOTICE OF MOTION

**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)* .

**NOTICE OF MOTION**

**THE** *(Name of person/party initiating the motion)***WILL** make a motion to the Discipline Committee of the Ontario College of Pharmacists on *(Day, Date and Time)*      , or as soon after that time as the motion can be heard, at 483 Huron Street, Toronto, Ontario.

THE PROPOSED METHOD OF HEARING THE MOTION IS:

 [ ]  in person [ ]  in writing

THE ANTICIPATED AMOUNT OF TIME REQUIRED TO HEAR THE MOTION IS:

 [ ]  30 minutes or less [ ]  half day

 [ ]  60 minutes or less [ ]  full day

 [ ]  60 to 90 minutes [ ]      days

 [ ]  90 to 120 minutes [ ]  N/A (in writing)

THE MOTION IS FOR:

*(Set out, in separately numbered paragraphs, the precise relief sought)*

1.

THE GROUNDS FOR THE MOTION ARE:

*(Set out, in separately numbered paragraphs, each of the grounds to be argued, including a reference to any statutory provision or rule to be relied upon)*

1.

THE FOLLOWING DOCUMENTARY EVIDENCE WILL BE USED AT THE MOTION:

*(List, in separately numbered paragraphs, any affidavit(s) and/or other documentary evidence to be relied upon)*

1.

|  |  |
| --- | --- |
| Today’s Date:       | *Name,* *Address, and* *telephone number* *of the moving party or, if the moving* *party is represented, the moving* *party’s representative*:      |

TO *(Name,
Address, and*

*telephone number*

*of the responding party or, if the*

*responding party is represented,*

*the responding party’s representative)*: