

## HEALTH CARE PROVIDER STATEMENT

Students submitting a request for withdrawal due to extenuating circumstances based on illness, physical or psychological health or other medical reasons must submit this form with their Extenuating Circumstances Withdrawal package.

Any charges for the completion of this form are the responsibility of the student.

COMPLETED BY STUDENT	
Name:	CNC Student Number:

COMPLETED BY HEALTH CARE PROVIDER			
Patient has been seen at this clinic previously?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I have the patient's previous records <input type="checkbox"/> <b>or</b> the information provided is based on the patient's own report <input type="checkbox"/>			
Was the patient's condition pre-existing to the start of the program/course?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<ul style="list-style-type: none"> <li>If yes, was there an unexpected change that limited their abilities to complete the term?</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Given the patient's condition, could they continue their studies this term?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you advise them to withdraw from their studies due to their condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<ul style="list-style-type: none"> <li>If yes, please indicate if you recommend a full or partial course withdrawal:</li> </ul>	Full <input type="checkbox"/>	Partial <input type="checkbox"/>	
In your opinion, which upcoming term could the student return to classes?	Jan <input type="checkbox"/>	May <input type="checkbox"/>	Sept <input type="checkbox"/>
<b>Name:</b>	<b>Date:</b>		
<b>Signature:</b>	<b>Phone Number:</b>		
<b>Clinic Stamp:</b>	<b>Registration/Certification:</b>		

### SUBMIT FORM:

By email: [regoffice@cnc.bc.ca](mailto:regoffice@cnc.bc.ca) or to the Office of the Registrar: 3330 – 22<sup>nd</sup> Avenue, Prince George BC V2N 1P8

### Privacy Notification

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