



British Columbia Athletic Commission Therapeutic Use Exemption (TUE) Application Process

Step 1: Check if your medication is prohibited:

- Consult the British Columbia Athletic Commission: <https://www.bcathleticcommission.ca/>
- Consult the World Anti-Doping Agency's Prohibited List: <https://www.wada-ama.org/en/prohibited-list>

Step 2: Complete the TUE application form:

- The BCAC Medical Exemption Panel or appointed third-party will only accept applications submitted on the BCAC TUE application form, provided all required information is included.
- All information on the form must be legible (typed or block letters preferred).
- All fields must be properly completed, and the form must be dated and signed by the athlete and the prescribing medical professional.
- Illegible and/or incomplete forms will be returned to the athlete unprocessed.

Step 3: Put together a medical file:

The documents included in your medical file must confirm your diagnosis and prescription and include:

- A letter from your physician confirming you were seen within the current year;
- A complete medical history related to the diagnosis;
- The results of all relevant objective examinations such as laboratory investigations and imaging studies;
- Reports from specialists providing independent supporting medical opinion particularly in the case of a non-demonstrable condition; and
- Relevant correspondence between physicians regarding the diagnosis and prescription.

Step 4: Submit your TUE application:

- As soon as you are prescribed a medication that is prohibited by your physician or as soon as your medical exemption requirements advise you to do so.
- As soon as possible after a prohibited substance was administered for an emergency medical intervention.

Step 5: Send your completed application form and medical file to the BCAC:

- Fax: 250-387-8703
- Email: athletic.commissioner@gov.bc.ca
- Mail: Office of the BC Athletic Commissioner
PO Box 9812, Stn Prov Govt
Victoria, BC, V8W 9W1

Always keep a copy of your application.

Please note:

- A complete TUE application can take up to 21 days to review.
- The BCAC Medical Exemption Panel Chair, or appointed third-party, will contact the athlete or the designate (e.g., coach or manager) who submitted the application once a decision has been rendered, or if more information is required.



BCAC Medical Exemption Application

1. Athlete Information

Last Name:		First Name:	
Sex at birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (dd/mm/yyyy):	
Mailing Address:			
City:		Province/State:	
Country:		Postal Code:	
Telephone:		Email Address:	
Sport:		Discipline:	
What is the next event you will be competing in? Enter the event name and date, or leave blank if not applicable			

2. Medical Information (To be completed by your treating physician)

<p>Diagnosis - please attach sufficient medical information (see Step 3 of the TUE Checklist):</p>
<p>Provide a clinical justification for the prescription of the prohibited medication if a permitted medication can be used to treat the medical condition. Explain which permitted medication(s) have been trialed before, if relevant.</p>



3. Medication Details (To be completed by the treating physician – print clearly)

Prohibited Substance(s): Generic name(s)	Dosage	Route of Administration	Frequency of Administration	Duration of Treatment
Enter all that apply. Only list medication(s) that contain a prohibited substance according to the Prohibited List.	e.g., 200 mg	e.g., inhalation, local injection	e.g., BID, QID	e.g., one-time use, , one year, 6 months
1.				
2.				
3.				

4. Physician's Declaration (To be completed by your physician – print clearly)

I certify that the information in sections 2 and 3 above is accurate and that the above-mentioned treatment is medically appropriate and that the use of alternative medication not on the Prohibited List would be unsatisfactory for this condition.

Last Name:		First Name:	
Medical Specialty:		License number:	
Address:			
City:		Province/State:	
Country:		Postal Code:	
Telephone:		Email Address:	
Signature:		Date (dd/mm/yyyy):	



5. Retroactive Applications

Is this a retroactive application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, on what date was treatment started?	Date (dd/mm/yyyy):	
Please indicate the reason:		
<input type="checkbox"/> You required emergency or urgent treatment of a medical condition. <input type="checkbox"/> There was insufficient time, opportunity, or other exceptional circumstances that prevented you from submitting the TUE application, or having it evaluated, before getting tested. <input type="checkbox"/> You tested positive after using a substance out of competition that was only prohibited in competition. <input type="checkbox"/> Other		
Please explain:		

6. Athlete Designate

I, _____ authorize the BCAC or appointed third-party to share information with my designate, who has filed this application on my behalf. I understand that upon choosing a designate, the BCAC or appointed third-party will contact this person should more information be required or to provide an update on the status of this application.			
Athlete's Signature:		Date (dd/mm/yyyy):	

7. Athlete's Declaration

I, _____ certify that the information under Section 1 of this form is accurate and that I am requesting approval to use a substance from the BCAC Prohibited List. I authorize the release of personal medical information to the BCAC or appointed third-party and to my designate, if such a person has been assigned. I understand that my information will only be used for evaluating my TUE request and in the context of possible violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my information; (2) exercise my right of access and correction; or (3) revoke the right of these organizations to obtain my health information, I must notify my team physician and the BCAC in writing of that fact.			
Athlete's Signature:		Date (dd/mm/yyyy):	