

SPÈD CERTIFICATION PROGRAM

Please review the "Appeals Process and Procedures" section of the Candidate Handbook prior to submitting your appeal.

# Appeal Request

Name:		Candidate ID#:	
Employer:			
Work Address:			
City/State/Zip			
Unit (If applicable):		Work Telephone #:	
Work Email:		Employer POC:	
Employer POC Email:		Employer POC Telephone #:	

**REASON FOR APPEAL**

Date of the appealable event:			
<input type="checkbox"/> Examination results			<input type="checkbox"/> Certification waivers
<input type="checkbox"/> Candidate registration			<input type="checkbox"/> Certification maintenance and professional development units (PDUs)
<input type="checkbox"/> Test-taking protocols			<input type="checkbox"/> Certification discipline matters
<input type="checkbox"/> Eligibility related to alleged cheating, alleged violation of professional rules of conduct or law, or inaccurate information on the application form			

**Explain the reasons for the basis of the appeal.** (Limit 1,000 words)

**Attach all pertinent documentation with the initial submission so your appeal can be properly reviewed.** (Please indicate the type of documentation submitted.) Contact the PMO with questions on how to share documentation consistent with NDA.

<input type="checkbox"/> Score Report	<input type="checkbox"/> Disciplinary Violation Report
<input type="checkbox"/> Medical Form	<input type="checkbox"/> Alleged Cheating Defense
<input type="checkbox"/> Complaint Form	<input type="checkbox"/> Other evidence to support

**ACTION TAKEN (For SPÈD Certification PMO Only)**

<input type="checkbox"/> Forward to the Certification Appeals Board
<input type="checkbox"/> Reject the appeal: <ul style="list-style-type: none"> <li><input type="checkbox"/> Insufficient ground for appeal</li> <li><input type="checkbox"/> Missed deadline for appeals submission</li> </ul>
<input type="checkbox"/> Return - Incomplete information in the appeals submission

Comments:

Reviewer:

Date:

SPED CERTIFICATION PROGRAM

# Appeals Board Decision

Appellant Name:

Employer:

REASON FOR APPEAL	
Date of the appealable event:	
<input type="checkbox"/> Examination results	<input type="checkbox"/> Certification waivers
<input type="checkbox"/> Candidate registration	<input type="checkbox"/> Certification maintenance and professional development units (PDUs)
<input type="checkbox"/> Test-taking protocols	<input type="checkbox"/> Certification discipline matters
<input type="checkbox"/> Eligibility related to alleged cheating, alleged violation of professional rules of conduct or law, or inaccurate information on the application form	

	APPEALS BOARD DECISION:	ACTION(S):
<input type="checkbox"/>	Appeal is affirmed	
<input type="checkbox"/>	Appeals was considered and denied	NA
<input type="checkbox"/>	Additional information is requested from the appellant	Submit no later than:

**APPEALS BOARD CHAIRPERSON**

Name:

Date: