

SPÈD CERTIFICATION PROGRAM

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 – check all that apply.)

<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"> <input type="checkbox"/> Insufficient ground for appeal <input type="checkbox"/> Missed deadline for appeals submission
<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	
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	APPEALS BOARD DECISION:	ACTION(S):
<input type="checkbox"/>	Appeal is affirmed	
<input type="checkbox"/>	Appeals is rejected	NA
<input type="checkbox"/>	Additional information is requested from the appellant	Submit no later than:

APPEALS BOARD CHAIRPERSON

Name:

Date: