

BACKGROUND

A registrant who has failed the registration examination may submit an appeal request in accordance with the [Examination Appeals Policy](#).

INSTRUCTIONS FOR COMPLETION

1. Download and save this fillable form.
2. Type your answers in the boxes and sign the document.
3. Save the document.
4. Email the completed form, supporting documentation, and your examination results to registration@crpo.ca within 30 days of examination results being issued.

1. EXAMINATION

Exam date: _____ Location of Writing Centre: _____

2. REASONS FOR APPEAL

My appeal is related to the following (select one or more that apply):

Bereavement of a close relative or spouse

Exacerbation of chronic medical condition

Software features not working correctly

Software connectivity issues

Agreed upon accommodation not provided

Proctor failing to follow standard protocols

Sudden and unexpected physical or mental illness

Personal or family emergency

Being victim of a crime

Power failure

Loud construction

Lengthy internet outage

Other (please specify) _____

Please provide a detailed description of your selection(s) above, including how the procedural fairness of your examination sitting was impacted. If more space is required, attach additional pages.

3. REPORTING

I reported issues impacting my examination by (select one or more that apply):

Contacting CRPO/COMPASS prior to the examination in the case of medical or compassionate grounds

Notifying the proctor during the examination

Completing the post-examination survey

Contacting CRPO within seven days of writing the examination

Other (please specify) _____

None of the above (this appeal form is the first time I am notifying CRPO of issues)

Note: Correspondence with CRPO/COMPASS, proctor incident reports, and/or your post-examination survey will be included in the documentation reviewed by the Examination Committee as part of your appeal request.

4. SUPPORTING DOCUMENTATION

I am including the following supporting documentation in my appeal request (select one or more that apply):

Signed note/letter from health care professional

Police report

Signed note/letter from lawyer

Death certificate

Correspondence with CRPO/ COMPASS

Other (please specify) _____

None (please explain below)

Please provide a description of the supporting documentation you are including in your appeal request.

5. DECLARATION

By signing this form, I acknowledge all of the following:

1. I have reviewed each section of my appeal request for accuracy and I declare that the information (and supporting materials if any) I have provided, or will provide in my submission, are truthful, accurate and complete to the best of my knowledge. I understand that a false or misleading statement may result in the denial of my examination appeal request, revocation of a certificate of registration and/or a referral to the discipline process.
2. CRPO may verify information included in this request and any associated documents. CRPO may request additional information relating to this request, including from third parties.
3. I hereby consent to the release to CRPO of any information or document, held by any party, related to my appeal request. This page shall be the authority for any party to release the information or document to CRPO.

Registrant Name: _____

Registrant Signature: _____

Date: _____

(e.g. Jan 15, 2017)