



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

APPLICANT APPEAL Template

To be completed by the Applicant for the purposes of requesting an appeal of the assessment results from any portion of the assessment process. Applicants have **30 days** from the receipt of the Interim Feedback report or the Clinical Skills Assessment (CSA) Gap Report to submit the appeal template.

Once completed, this template along with the \$250.00 appeal fee must be submitted to:

Kevin Taylor, Registrar
CRTO
180 Dundas Street West, Suite 2103
Toronto, Ontario M5G 1Z8

Your requests for appeal will be reviewed by an independent Appeal Panel. The panel will consist of at least two subject matter experts who were not part of your assessment, and if required CRTO staff with expertise in entry to practice competencies for respiratory therapy. You will be notified of the outcome of the appeal within 30 days of the appeal deadline.

The Appeal Panel's decision is final.

The \$250.00 appeal fee is refundable if the appeal is resolved in the applicant's favour.

I, _____ am submitting a request for appeal
PRINT First & Last Name

of my assessment results.

Please indicate () which component of the assessment process you are appealing the results of:

- Program Review**
- Interview**
- Clinical Skills Assessment**

Please indicate which of the following criteria your appeal is based on. **Provide as much detail as possible and include any supporting documentation.**

