

APPLICANT APPEAL Template

To be completed by the Applicant to request an appeal of any portion of the IEHP Entry-to-Practice Assessment process. Applicants have **30 days** from the date of issue 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 (either by email or regular mail to:

Carole Hamp, RRT – Registrar & CEO
College of Respiratory Therapists of Ontario
90 Adelaide Street West, Suite 300
Toronto, Ontario M5H 3V9
hamp@cрто.on.ca

An independent Appeal Panel will review your requests for appeal. The panel will consist of at least two subject matter experts who were not part of your assessment. 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.

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

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

Note: The appeal needs to be specific and indicate how/where you feel you believe you were assessed incorrectly.

D. Did you inform the Assessors or CRTO staff of the above issues(s) on the assessment day?

YES

NO

➔ SIGNATURE _____ DATE _____