Physiotherapy Specialty Certification Board of Canada
Conseil canadien de certification des spécialités en physiothérapie

Canadian Physiotherapy Association
Association canadienne de physiothérapie

Clinical Specialty Program Request for Appeal

The appeals process provides a mechanism for dispute resolution should a candidate have concerns that the assessment process did not follow the policies and procedures of the CPA Clinical Specialty Program (Sections 7 and 8). The candidate understands that an appeal is based strictly on procedural matters. The professional judgment of an individual assessor or the assessor panel cannot be the subject of an appeal. The candidate may appeal the final assessment decision in both Stage I and Stage II of the program. The process is the same for both Stage I and Stage II appeals. All appeals will be forwarded to the Physiotherapy Specialty Certification Board of Canada (PSCBC). All decisions by the PSCBC are final and the process is overseen by the Chair of the PSCBC. Please note: *New information not included in the candidate's original submission cannot be submitted as evidence in support of an appeal or as evidence during the appeal process.*

General Instructions

1. Please complete and return this form to CPA at specialization@physiotherapy.ca.
2. Candidates will be notified of PSCBC decision within 60 calendar days of receipt of letter.
3. All appeals must be received within **30 days** of candidate being notified of PSCBC decision.
4. The maximum length for letter of appeal is **5 pages**.
5. For assistance, consult the CPA Policy and Procedure manual (Section 7 and 8) available at http://www.physiotherapy.ca/getmedia/35adb547-85e4-45df-9a1a-865b44645ea4/Policy-and-Procedure-August-2014.pdf.aspx

Candidate Details

Candidate Name

Candidate ID

Date Appeal Submitted

Email

Contact Number

Assessment Period

Date your assessment was released (mm/dd/yyyy)

Guidelines for Completing Appeal (Maximum length 5 pages)

1. Briefly describe the assessment experience in either Stage I or Stage II

2. Outline how process was not followed, referring to Section 7.3.1 of the Policy and Procedure Manual entitled ***"Appeal Request"***, p 22-23.

3. Indicate the specific policy that is in violation applicable to your assessment (Please refer to section 8.2 ***"Conflict of Interest and Impartiality"*** of the program's policy & procedure manual, p 26.

I have read and understand the Canadian Physiotherapy Association Appeal policy and procedures. I certify that the document I have submitted is authentic and the statements I have made are factual.

I understand the information will be treated in a confidential manner and will be forwarded to the Physiotherapy Specialty Certification Board of Canada (PSCBC) for review.

I understand that the findings of the Physiotherapy Specialty Certification Board of Canada hearing panel are final and cannot be appealed.

_____ _____

Signature of Appellant Date (m/d/yyyy)

OFFICE USE ONLY

Date appeal received: _____

Decision Date: _____

Reference Number: _____

Signature CPA Staff: _____

PSCBC Chair

_____

Print Name in Full

_____ _____

Signature **Date (YYYY/MM/DD)**

PSCBC Appeal Reviewer 1

_____

Print Name in Full

_____ _____

Signature **Date (YYYY/MM/DD)**

PSCBC Appeal Reviewer 2

_____

Print Name in Full

_____ _____

Signature **Date (YYYY/MM/DD)**