

## Appeal of a Professional Development Hours Audit

**An Appeal must be filed within 30 calendar days of notification of the Member of the Audit fail.**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City, Province Postal Code: \_\_\_\_\_

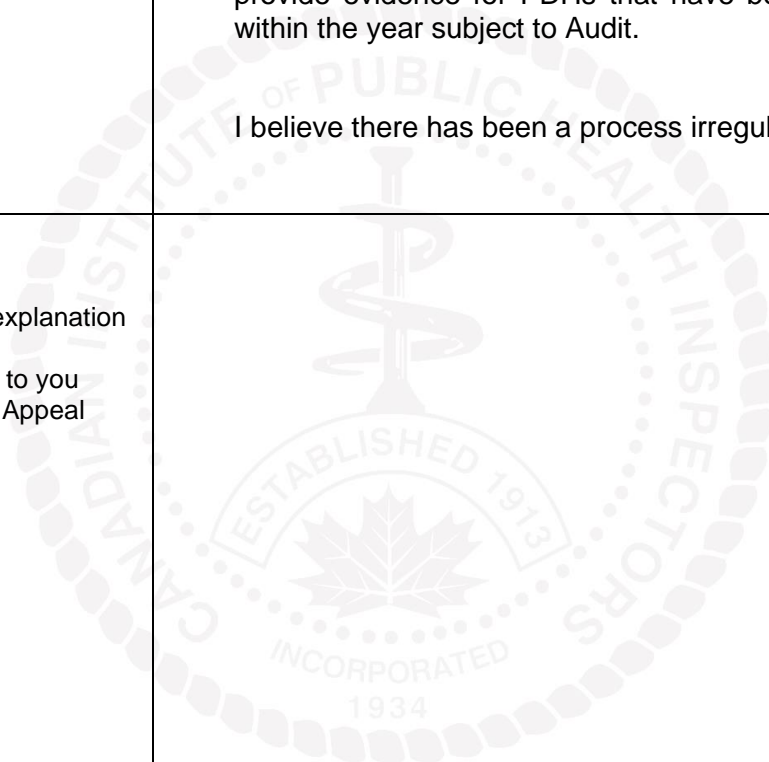
Dear Sir or Madame,

I would like to submit an Appeal of the Audit of my Professional Development Hours.

### Section 1: Member Contact Information

Name	
Certificate Number	
Date of Certification (Month / Year)	
Mailing Address	
Phone Number	
Email Address	

Section 2: Statement of Appeal and Supporting Documentation

<p style="text-align: center;"><b>INSTRUCTIONS</b></p> <p>There are only 4 acceptable grounds for Appeal which are listed in the column to the right.</p> <p>Indicate which ground your Appeal is based on.</p> <p>You <b>MUST</b> provide a clear explanation in this section as to the circumstances that lead to you choosing this ground of Appeal or your Appeal will not be reviewed.</p>	<p style="text-align: center;"><b> GROUNDS FOR APPEAL</b></p> <p>I do not agree with the determination of the Auditor that the number of PDHs submitted does not comply with the CPC requirements.</p> <p>I do not agree with the determination of the Auditor that activities claimed as PDHs did not substantively meet the CPC Program criteria.</p> <p>Due to extenuating circumstances, I was unable to submit PDHs before the annual deadline but can provide evidence for PDHs that have been acquired within the year subject to Audit.</p> <p>I believe there has been a process irregularity.</p>
<p><b>Explanation</b></p> <p>Please provide a clear explanation in this section as to the circumstances that lead to you choosing this ground of Appeal</p>	
<p><b>Supporting documentation</b></p> <p>Please list all supporting documentation submitted with this appeal</p>	<p>List of supporting document submitted:</p>

Please check only one:

I obtained my Certificate in Public Health Inspection (Canada) **after** January 1, 2017.

I obtained my Certificate in Public Health Inspection (Canada) **before** January 1, 2017.

Contact Information

I agree that the contact information provided here is correct, and agree to be contacted through either email, phone, or registered letter, as appropriate.

**To submit an appeal, please forward the completed form by mail to:**

**CIPHI National Office  
#720 – 999 West Broadway  
Vancouver, BC V5Z 1K5**

Or by e-mail to: office@ciphi.ca

Name: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY: Appeal Number: <year-number>

- Appeal is complete and will be forwarded to the ARC.
- Appeal will not proceed: \_\_\_\_\_

