

Application for 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:

Dear Sir or Madame,

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

Section 1: Appellant 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;">INSTRUCTIONS</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 MUST provide a clear explanation as to the circumstances that lead to you choosing this ground for appeal or your appeal will not be reviewed.</p> <p>NOTE: If an appeal is allowed solely due to a process error on the part of CIPHI the appeal fee will be refunded to the appellant.</p>	<p style="text-align: center;">GROUNDS FOR APPEAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> I do not agree with the determination of the Auditor that the number of PDHs submitted does not comply with the CPC requirements. <input type="checkbox"/> I do not agree with the determination of the Auditor that activities claimed as PDHs did not substantively meet the CPC Program criteria. <input type="checkbox"/> 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. <ul style="list-style-type: none"> “Extenuating circumstances” are considered an event outside of the members control and of such magnitude that the member could not reasonably be expected to log in to the MSC and enter their PDHs by the annual deadline <input type="checkbox"/> There were significant irregularities in the PDH audit process that adversely affected the audit outcome. <ul style="list-style-type: none"> “Process irregularity” refers to an irregularity in a process that is controlled by CIPHI such as a deviation by the auditor (or other CIPHI administrative or governing body) from the stated policy format or a malfunction in the member service center database. An error made by the appellant in entering information into the MSC does not fall under the definition of a process irregularity.
<p>Explanation</p> <p>Please provide a clear explanation as to the circumstances that lead to you choosing this ground for appeal.</p>	

<p>Supporting documentation (optional)</p> <p>If supporting documentation is submitted with the appeal, please list it here.</p>	<p>List of supporting document submitted:</p>
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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 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: _____



#720 – 999 West Broadway, Vancouver BC V5Z 1K5
Phone: 604-739-8180 Fax: 604-738-4080
Toll Free Phone: 1-888-245-8180
E-mail: office@ciphi.ca

Appeal Review Application Fee

If paying by credit card complete the following:

Credit Card: VISA MasterCard American Express

Card #: ____ / ____ / ____ / ____

Expiry Date: __ / __ CVV: ____

Amount to be processed: \$75.00 + Tax = \$ _____

Product Description: Appeal Review Application Fee

Name on Card: _____

Signature: _____

HST/GST Registration Number: 100766484

Appeal Process Flowchart

