



Application for Appeal of BOC Examination Results

An Appeal must be filed within 30 calendar days of notification of the Student Member of the examination fail.

Date:	
Dear Sir or Madame,	
I would like to submit an Appeal of th ☐ Certification Exam ☐ International Candidate Equival	
Section 1: Appellant Contact Informa	ation
Name	
Date of Examination (Month / Year)	
Mailing Address	
Phone Number	
Email Address	

INSTRUCTIONS	GROUNDS FOR APPEAL	
There are only 2 acceptable grounds for appeal which are listed in the column to the right.	 There were significant irregularities in the examination process that were serious enough to materially affect my performance at the examination 	
Indicate which ground your appeal is based on.	☐ I do not agree with the determination of the Board that	
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.	a report I submitted was plagiarized	
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.		
Explanation		
Please provide a clear explanation in this section as to the circumstances that lead to you choosing this ground for appeal.		
Supporting documentation (optional)	List of supporting document submitted:	
If supporting documentation is submitted with the appeal, please list it here.		

Conta	act 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 su	ubmit 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	
Nam	ne:	Date:
OFFI	CE USE ONLY: Appeal Number: <year-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 p	processed: \$75.00 +	Tax = \$	
Product Description: <u>BOC Appeal Review Application Fee</u>			
Name on Card:	·	·	
Signature:			

HST/GST Registration Number: 100766484

Appeal Process Flowchart Result Letter is Issued to the Individual (e.g., BOC Exam Results, PDH Audit Results, Notice of Conduct Complaint, etc.) Letter recipient may then submit an appeal within 30 days of receipt of the above notice. Appeal is received by the CIPHI National Office CIPHI office confirms the application is incomplete, advises the appellant. The appellant may resubmit their appeal within their original 30-day window. Appellant submits all required information for their appeal Appellant fails to submit all required information for their appeal within the 30-day window CIPHI office confirms the application is complete, processes said Appeal is not accepted. Initial result application, and emails confirmation letter stands. to the appellant that the application has been forwarded to the ARC. ARC determines that the appellant ARC confirms the appeal meets has failed to meet any grounds for the grounds for appeal, and the appeal. The appellant will then be appeal is endorsed to the ARP for issued a letter by the ARC or CIPHI review. Office confirming that the appeal has been denied. The ARP will review the appeal within 10- business days of obtaining all appeal information for the appellant from the ARC. ARP has approved the appeal. ARP has denied the appeal. ARP Chair approves letter of ARP with the appellant's result. The ARC then forwards the letter to the CIPHI Office for distribution of the result letter to the appellant which will include the next steps for the appellant, if applicable, and possibly, additional information pertaining to the review at the discretion of the ARP.