

Exam Review and Appeal Request Form

Complete Section A (Requester Information) and complete:

- Section B to request an Exam Review
- Section C to request an Appeal of a previous Exam Review determination

Section A: Requester Information

Candidate Name:	
CAPR ID:	
Exam Date:	
Exam Session:	<input type="checkbox"/> AM <input type="checkbox"/> PM

Section B: Exam Review

A candidate may feel that there were factors that were unable to be mitigated by staff during the exam that may have significantly impacted their performance to such a degree that they feel they may be unsuccessful in the exam. In this case, the candidate can request an Exam Review after the exam and before receiving their results.

Please note:

- All requests for Exam Review must be received before results are released to candidates
- All review requests must include supporting documentation

Please review the [Exam Review Policy](#) to verify the acceptable grounds for a review and see a list of required supporting documentation.

Once the request for an Exam Review and supporting documentation are received, the candidate will be charged a fee of \$200.00 and will be provided with instructions on how to pay by credit card or e-transfer through the PT Portal. The fee must be paid before the review process can begin.

If the fee is not paid by the date provided, the request will not be assessed or considered. More information on exam fees can be found in the [Exam Fees Policy](#).

If one of the criteria for a review has been met, the Exam Manager will review the request and will determine if the candidate's result should be confirmed or annulled based on the information provided by the candidate.

There are two possible outcomes following a review:

- The exam result is annulled. The fee for the review will be refunded to the candidate and the exam fee that was already paid will be applied to the next exam session.

OR

- The exam result is confirmed. In this case no fees are returned.

Reason for Review	<input type="checkbox"/> Administrative/procedural error <input type="checkbox"/> Illness or personal medical issue <input type="checkbox"/> Extraordinary circumstance <input type="checkbox"/> Other: _____
Supporting Documentation Attached	<p>All review requests must include supporting documentation. * Please indicate which documentation will be submitted along with this request:</p> <input type="checkbox"/> Statement of events from requester which identifies the reason why they are seeking the review <input type="checkbox"/> Documentation from a health care provider(s) who can speak to the nature of the issue, including relevant matters such as how it arose, how it could have affected the requester's performance and/or abilities <input type="checkbox"/> Any other available supporting documentation relevant to the requester's circumstances
Was the issue reported to CPO staff during your exam?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Any information pertaining to previous academic performance, clinical placement evaluations, letters of reference from past/current employers or financial status are not considered valid documents to support the review process. These documents will not be considered and will be destroyed for privacy reasons.*



By signing the below:

- I have read and fully understand the contents of this document and the associated Exam Review and Exam Fees policies.
- I hereby certify that all the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge.
- I understand that any false or misleading statement may result in a denial of a review.

Candidate Signature

Signature Date (MM/DD/YY)

Section C: Exam Appeal

A candidate may submit an Exam Appeal of the Exam Review decision if they disagree with the determination of the Exam Review conducted by the Exam Manager. An appeal will be considered by and deliberated upon by the Exam Committee. The criterion for an appeal is the same as that for a review. Details can be referenced in the [Exam Review Policy](#) and the [Exam Appeal Policy](#).

Once the request for an Exam Appeal and supporting documentation are received, the candidate will be charged a fee of \$300.00 and will be provided with instructions on how to pay by credit card or e-transfer through the PT Portal. The fee must be paid before the appeal process can begin.

If the fee is not paid by the date provided, the request will not be assessed or considered. More information on exam fees can be found in the [Exam Fees Policy](#).

There are two possible outcomes to an appeal:

- The exam result is annulled, and associated fees (including the review and appeal fee) are returned to the candidate. The exam fee that was already paid will be applied to the next exam session.

OR

- The result is confirmed. In this case no fees are refunded, and the candidate is responsible for paying the associated fees to register for the next exam session, if the candidate is still eligible to take the exam.

The appeal is the final level of review, and the decision of the Exam Committee is considered final and binding upon the candidate.

Reason for Appeal	<input type="checkbox"/> Administrative/procedural error <input type="checkbox"/> Illness or personal medical issue <input type="checkbox"/> Extraordinary circumstance <input type="checkbox"/> Other: _____
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<p>Supporting Documentation Attached</p>	<p>All appeal requests must include supporting documentation. * Please indicate which documentation will be submitted along with this request:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Statement of events from requester which identifies the reason why they are seeking the appeal <input type="checkbox"/> Documentation from a health care provider(s) who can speak to the nature of the issue, including relevant matters such as how it arose, how it could have affected the requester's performance and/or abilities <input type="checkbox"/> Any other available supporting documentation relevant to the requester's circumstances
<p>Was the issue reported to CPO Staff during your exam?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Any information pertaining to previous academic performance, clinical placement evaluations, letters of reference from past/current employers or financial status are not considered valid documents to support the review process. These documents will not be considered and will be destroyed for privacy reasons.*

By signing the below:

- I have read and fully understand the contents of this document and the associated Exam Review and Exam Fees policies.
- I hereby certify that all the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge.
- I understand that any false or misleading statement may result in a denial of a review.

Candidate Signature

Signature Date (MM/DD/YY)