



CANDIDATE APPEAL FORM

HID PRACTICAL EXAMINATION

This form is used by the College's Registration Committee for the purpose of administration of the CHCPBC Practical Examination for the profession of hearing instrument dispensing.

CANDIDATE INFORMATION

Full Name:	Date of Exam:
Email Address:	Attempt #:

1. REASON(S) FOR APPEAL

Please provide a detailed explanation for your appeal. Be specific about the issues you encountered and how you believe they affected your performance.



2. EVIDENCE SUPPORTING YOUR APPEAL

List any documents or evidence you are attaching to support your appeal.

3. DESIRED OUTCOME

What resolution are you seeking through this appeal?

4. DECLARATION

I hereby declare that the information provided in this form is true and accurate to the best of my knowledge. I understand that providing false or misleading information may result in the dismissal of my appeal and possible disciplinary action.

	MM / DD / YYYY
<i>Applicant Signature</i>	<i>Date</i>

Please submit your completed *Exam Appeal Form* to the College at exams@chcpbc.org.