



# Request for Nullification (Appeal) Form

To be Completed by the Candidate

First Name			
Last Name			
Email Address			
Phone Number			
Exam(s)	<input type="checkbox"/> TCM Practitioners Exam	<input type="checkbox"/> Acupuncturists Exam	<input type="checkbox"/> TCM Herbalists Exam
Date of Exam(s)			
Provincial Regulatory Body	<input type="checkbox"/> College of Acupuncturists of Alberta <input type="checkbox"/> College of Complementary Health Professionals of British Columbia <input type="checkbox"/> College of Traditional Chinese Medicine Practitioners and Acupuncturists of NL <input type="checkbox"/> College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario <input type="checkbox"/> Ordre des acupuncteurs du Québec		
Grounds for Appeal	<input type="checkbox"/> Illness <i>Attach relevant medical documentation as described in the Examination Appeals Policy section 6.1</i>	<input type="checkbox"/> Personal Emergency <i>Attach relevant documentation as described in the Examination Appeals Policy section 6.2</i>	<input type="checkbox"/> Procedural Irregularity <i>Attach relevant documentation as described in the Examination Appeals Policy section 6.3</i>
Description of Grounds for Appeal	<i>In this section, please outline the grounds of your appeal and how it affected your attendance or performance on examination day. You must provide sufficient information to confirm the grounds for appeal. CARB-TCMPA uses this information solely for the purpose of addressing the appeal request for the credentialing examination(s). If you are appealing on the grounds of illness or personal emergency, you are not required to provide detailed information about your situation or specific diagnosis; you are instead required to attach documentation in support of your appeal as outlined in the Examination Appeals Policy.</i>		

### Requirements for Supporting Documentation

To assess a Candidate's *Request for Nullification*, CARB-TCMPA may require, obtain, or request additional documentation including, but not limited to, medical documentation, on-site incident report(s), incident log(s), score report(s), and test administration software metadata. The Appeals and Accommodations Committee will also consider the results of previous similar requests.

Medical documentation in the form of a registered professional's report must outline the nature of the relevant condition(s) and the extent to which the condition(s) would have impaired the Candidate's performance on the examination. The report must include the Candidate's name and the date of the report/assessment, as well as the following information about the registered professional providing the report/assessment: full name, profession, name of the professional's regulatory body, license/registration number, office/organization name, mailing address, daytime phone number, and professional stamp.

CARB-TCMPA takes proactive measures to ensure that the Candidate's request, subsequent investigation, and decision do not result in any discriminatory actions against the Candidate.

By signing below, I, \_\_\_\_\_, confirm that the information provided in this document is true and consent to the Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists' collecting, using, and disclosing my personal information for the purpose of processing this request. If providing supporting documentation from a registered professional, I authorize the physician or other registered professional to provide the requested information relating to my illness or personal emergency reasonably necessary to the review of this appeal request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date