

3. PLEASE INDICATE THE REASON FOR YOUR REQUEST TO APPEAL YOUR EXAMINATION RESULTS:

- [A] The occurrence of circumstances beyond your control that adversely affected your attendance at the examination.
- [B] The occurrence of disruptive testing conditions that adversely affected your performance on the examination.
- [C] You experienced an unexpected medical situation (injury or illness) that adversely affected your performance on the examination.

4. PLEASE DESCRIBE IN DETAIL THE REASONS FOR YOUR APPEAL AS INDICATED IN SECTION 3. IF ADDITIONAL SPACE IS REQUIRED PLEASE APPEND THE EXTRA PAPERWORK AND REFERENCE BELOW ACCORDINGLY. PLEASE ALSO APPEND ANY NECESSARY SUPPORTING DOCUMENTATION:

Empty box for detailed description of reasons for appeal and supporting documentation.

5. PLEASE INDICATE BELOW THE ENCLOSURE OF YOUR APPEAL REQUEST PROCESSING FEE OF \$100.00.

IN THE EVENT THAT YOUR APPEAL IS SUCCESSFUL FOR REASONS [A], [B] OR [C] LISTED ABOVE IN SECTION 3 THEN YOUR EXAMINATION FEE (LESS THE MANDATORY \$125.00 NONREFUNDABLE EXAM APPLICATION PROCESSING FEE) CAN BE REFUNDED TO YOU. PLEASE INDICATE BELOW IF AND HOW YOU WOULD LIKE TO RECEIVE A REFUND OF YOUR EXAM FEES SHOULD YOUR APPEAL BE SUCCESSFUL.

My fee of \$100.00 to process this Examination Results Appeal Request is enclosed.

<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order
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MasterCard VISA Credit Card Number:

Signature of Cardholder: Expiry Date: Security Code:

Please Note:

Any information provided on this form and in other related documentation will be reviewed by Sonography Canada Head Office, the designated Sonography Canada Credentialing Committee, the Sonography Canada Board of Directors, and the Proctor involved with the examination(s).

Sonography Canada reserves the right to request additional information or documentation, if necessary, to complete its review of your appeal. This information or documentation could be requested from the candidate, proctor, the test centre, or IT test provider.

Please ensure that all your contact information is accurate and current.

Sonography Canada will normally complete its review of your appeal and render a decision within 30 business days of receipt of all necessary information for the review. You will receive the final decision of your appeal by letter sent to you by email.

6. ACKNOWLEDGMENT AND STATEMENT OF AGREEMENT	
<input type="checkbox"/>	I hereby certify that the information contained herein is true and accurate to the best of my knowledge.
<input type="checkbox"/>	I have been made aware of the credentialing requirements and I agree to abide by the rules and regulations of the exam process as outlined by Sonography Canada. I have read and understand all of the terms and conditions within the current Sonography Canada Examination Guide as made available on the Sonography Canada Website. I am fully compliant with, and I agree to abide by all of terms and conditions therein. I understand that Sonography Canada reserves the right to deny my application; revoke my eligibility as a candidate; or take such action against me in my capacity as a Registrant if the documentation I provide is found to be fraudulent or a misrepresentation of the facts.
<input type="checkbox"/>	I have read and understand Sonography Canada’s Privacy Policy and I consent to the collection, use and disclosure of my personal information for the purposes of processing this Appeal.

Examination Results Appeal Request

<input type="checkbox"/>	<p>I acknowledge and agree that, while Sonography Canada takes reasonable steps to ensure the accuracy and completeness of its information, resources and reports, neither Sonography Canada nor any of its directors, officers, agents or employees shall be responsible for damages or losses in the event of any errors or omissions contained therein, nor shall Sonography Canada be liable for any damages or losses whatsoever (including without limitation damages of a personal, professional or financial nature) incurred by me as a result of any decision pertaining to this Appeal made by or on behalf of Sonography Canada or any of its directors, officers, agents or employees.</p> <p>By requesting this Appeal, I further agree that I shall not take any legal action or commence other proceedings against Sonography Canada or any of its directors, officers, agents and employees for anything done in good faith related to this Appeal, including any errors, omissions, neglect or default in respect thereof.</p> <p>I also agree to indemnify and hold harmless Sonography Canada and each of its directors, officers, agents and employees (the Indemnified Parties) absolutely and forever, from and against any and all claims, actions, damages, suits, liabilities, obligations, costs, fees, charges, and other expenses whatsoever, including reasonable legal fees and costs (collectively the "Claim"), that may be asserted against any Indemnified Party in connection with the information provided to an Indemnified Party by me hereunder and any error, omission or inaccuracy in respect thereof.</p>
<input type="checkbox"/>	<p>I acknowledge that Sonography Canada provides a statistical report on graduate success to CMA accredited ultrasound programs. Note: this report does NOT include individual student names.</p>

Date: _____ **Signature:** _____

EMAIL OR FAX COMPLETED APPEAL, FEE PAYMENT AND REQUIRED SUPPORTING DOCUMENTATION TO:

<p>FORWARD APPEAL BY EMAIL OR FAX TO:</p> <p>EXAMINFO@SONOGRAPHYCANADA.CA</p> <p>FAX NO. 1-888-743-2952</p>

<p>FOR OFFICE USE ONLY</p>
Date received: _____
Actions Taken: (Record by date and action): _____ _____ _____
Dates of Credentialing Committed Review: _____
Decision: _____ _____ _____
Date Notification sent to Candidate: _____