

Ph: 1-888-273-6746 Fax: 1-888-743-2952

CCSA Results Appeal Request

1. IDENTIFICATION (PLEASE PRINT OR TYPE LEGIBLY.)

First Name _____ Middle Initial _____ Last Name _____ Date: _____
 (date / month / year)

Street Address _____

P.O. Box or Rural Route (if applicable) _____ City _____

Province _____ Postal Code _____ Country _____

Sonography Canada No. (if applicable) _____ E-Mail Address _____

Home Telephone Number _____ Cell Phone Number _____

2. FOR WHICH SPECIFIC CCSA(S) ARE YOU REQUESTING AN APPEAL OF YOUR RESULTS:

<input type="checkbox"/> Generalist	Location: _____
<input type="checkbox"/> Cardiac	
<input type="checkbox"/> Vascular	Date: _____

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 CCSA.
- [B] The occurrence of disruptive testing conditions that adversely affected your performance on the CCSA.
- [C] You experienced an unexpected medical situation (injury or illness) that adversely affected your performance on the CCSA.
- [D] Other (describe in Section 4).

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:

5. PLEASE INDICATE BELOW THE ENCLOSURE OF YOUR APPEAL REQUEST PROCESSING FEE OF \$300.00.

My fee of \$300.00 to process this CCSA Results Appeal Request is enclosed.

□ Cheque

Money Order

MasterCard

VISA

Credit Card Number:

Signature of Cardholder:

Expiry Date:

Please Note:

Any information provided on this form and in supporting documentation will be reviewed by Sonography Canada.

Sonography Canada reserves the right to request additional information or documentation, if necessary, to complete its review of your appeal.

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

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 CCSA process as outlined by Sonography Canada. 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.
<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>

Date: _____

Signature: _____

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

FORWARD APPEAL BY EMAIL OR FAX TO:

EXAMINFO@SONOGRAPHYCANADA.CA

FAX NO. 1-888-743-2952