



## Request for Reconsideration

Regulated members may lodge a request with the Competence Committee for reconsideration of any decision made during the practice assessment stage of the Continuing Competence Program (CCP).

Requests for reconsideration may be lodged when the regulated member:

- Believes they have not been given due process, or
- Has reasonable and compelling grounds for an exemption of any part of practice assessment.

Please complete the form below and submit it to your Audiology or SLP Advisor at [ccp@acslpa.ca](mailto:ccp@acslpa.ca)

Your request for reconsideration must be received within 30 days of being notified of the CCP result you wish to have reconsidered.

**Note:** Your request will be reviewed during the next Competence Committee meeting. You will receive confirmation of your request for reconsideration from your Audiology or SLP Advisor and notified of the date and time of the next Competence Committee meeting. Your Advisor will notify you of the outcome of your request within one week of this meeting.

1. Full Name: \_\_\_\_\_

2. Profession: ☐ Audiologist ☐ Speech-Language Pathologist

3. Please state the result which you would like reconsidered:

4. Please provide details for your reason for requesting reconsideration:

5. Do you wish to provide any supporting documentation for your request? (Please attach any supporting documentation when emailing this form to your Audiology or SLP Advisor).

☐ Yes

☐ No

Please confirm the following:

- ☐ I have provided factual information outlining my request for reconsideration.
- ☐ I will provide any additional information as required by the Competence Committee for review of my request for reconsideration.