



Template: CPD e-Portfolio Audit – Appeal Request Form

## Department of Healthcare Professions

### Instructions

Healthcare practitioners may request a second review of activities deemed 'not validated' or 'other' by completing and submitting this form to the DHP-AS within 10 business days of receiving the CPD ePortfolio audit results.

The DHP-AS will perform a second review, the results of which will be final and communicated to the healthcare practitioner in writing.

### Healthcare Practitioner Contact Details

Full Name:			
CPD ePortfolio ID#:			
Phone number:		Email:	

### CPD ePortfolio Audit Outcome

Please list the CPD activity that you wish the DHP-AS to review and provide a rationale for why the decision reached by the DHP-AS should be reconsidered.

CPD Activity Name	Audit Result
	<input type="checkbox"/> not validated <input type="checkbox"/> other: CPD activity moved to another Category or activity type
<b>Appeal Rationale</b> Please provide a detailed explanation for why the decision(s) reached by the DHP-AS should be reconsidered:	

**Appeal Documentation**

If additional documentation was uploaded in your CPD ePortfolio to support this appeal request, please list the file names:

Please complete one form for each CPD activity you are appealing, and submit to **ADDRESS** or **EMAIL ADDRESS DHP WISHES TO USE**.

The DHP-AS will communicate the results of this appeal within **XX BUSINESS DAYS**.