

REQUEST FOR REASSESSMENT

(Fee is non-refundable)

This request form is used to request a reassessment of the decision received by the Board of Examiners.

Instructions & Supplemental Information

- 1. Complete, sign, and date the request form.
- 2. Provide a letter addressed to the Board of Examiners (BOE) that <u>briefly</u> states grounds for the reassessment request. State that you are requesting a reassessment based on <u>additional information about your previous experience and/or academic credentials</u> that **was not** included in the initial application.

Please specify what type of information you will be submitting. The type of information that can be included:

- Work Experience Information If you are requesting an experience reassessment, we will email
 you a link to your online experience forms once your request has been revised. Please do not
 add experience details to your reassessment letter.
- Academic Credentials Information If you are requesting an academic reassessment, all
 documentation (such as World Education Services Course-by-Course International Credential
 Advantage report, transcripts, and/or course descriptions) for academic credentials must be
 provided from official sources.
- 3. Please email your completed form and supporting documents to resubmissions@apega.ca with the following subject line:

[Your APEGA ID] Reassessment

If you are not eligible for a reassessment, your request will be **declined**.

To pay for the request and monitor the progress, please log in to <u>myAPEGA</u>. You will receive an email with additional information once the invoice is ready for payment.

If you do not provide sufficient grounds or fail to provide **all** supporting documentation within 90 days of your decision letter, your request will be **declined with no refund**.

Once the Request for Reassessment has been sent for review, you will receive an email from APEGA. A decision will be sent to you by email. Please ensure your contact information is updated in your myAPEGA portal.

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REQUEST FOR REASSESSMENT

Personal Information					
Legal Last Name	Full Given Nan	ne(s)	Preferred Name		
APEGA ID Number					
Email Address					
Daytime Phone Number					
The Reassessment is based on:					
Academics	Work Experience Academics & Work Experience				
I have included a letter detailin	g the reasons for my	reassessment request.			
I recognize by making this requirements of the privacy supersonal information. APEGA's By signing below, I declare that or in my online work experience.	bound by the new dec tandards under PIPA re Privacy Policy can be f t I am fully aware tha e submissions may su	ision. egarding collection, use, di ound here. t any failure to disclose or bject me to investigation	isclosure, and retention of missions or inaccuracies on this form by APEGA		
Payment Information					
UPDATE FEE (non-refundable)					
Update Fee	\$225.00				
GST (#106728603)	\$11.25				
Total Payable	\$236.25				
After APEGA has received and processed the Request for Reassessment form, we will create an order for the Request for Reassessment. This invoice will be available in your myAPEGA portal for you to complete the payment. Your application will not be processed or sent for review until the payment has been received.					

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