



## REQUEST FOR RECONSIDERATION

(Fee is non-refundable)

*This request form applies if you wish to challenge the decision of the Board of Examiners (BOE) on the **grounds that an alleged error was made or there were unfair circumstances** leading to the decision that is being challenged. It is not enough to disagree with the decision, you must clearly articulate on what basis the error was made or how the process was unfair. Your request **MUST** be received within **90 days** from the letter advising you of the decision on your application.*

### Instructions & Supplemental Information

1. Complete, sign, and date the request form.
2. Provide a letter addressed to the Board of Examiners (BOE) that provides detailed reasons and grounds for the reconsideration.

The request for reconsideration **must** provide detailed reasons and specific grounds for the challenge with an **explanation of the alleged error or unfair circumstance**. An explanation must include the specific reference material, instruction, guideline, policy or statute that the applicant believes has been violated.

New, corrected, or updated work experience, references, or academic documents that were **not** previously before the BOE when it rendered the decision being challenged, will **not** be accepted.

3. Please email your completed form and supporting documents to [resubmissions@apega.ca](mailto:resubmissions@apega.ca) with the following subject line:

**[Your APEGA ID] Reconsideration**

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

To pay for the request and monitor the progress, please log in to [myAPEGA](#). 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.

# REQUEST FOR RECONSIDERATION

Personal Information		
Legal Last Name	Full Given Name(s)	Preferred Name
APEGA ID Number		
Email Address		
Daytime Phone Number		
<b>The Reconsideration is based on:</b>		
Alleged Error in the Process                      Unfair Circumstances		
<i>I have included a letter detailing the reasons for my appeal.</i>		
<i>I recognize in making this request that the Board of Examiners may make a different decision than the one previously given. I agree to be bound by the new decision.</i>		
APEGA adheres to the privacy standards under PIPA regarding collection, use, disclosure, and retention of personal information. APEGA's Privacy Policy can be found <a href="#">here</a> .		
<i>By signing below, I declare that I am fully aware that any failure to disclose omissions or inaccuracies on this form or in my online work experience submissions may subject me to investigation by APEGA.</i>		
Date: _____ Signature: _____		
Payment Information		
<b>UPDATE FEE (non-refundable)</b>		
Update Fee	<b>\$225.00</b>	
GST (#106728603)	<b>\$11.25</b>	
<b>Total Payable</b>	<b>\$236.25</b>	
After APEGA has received and processed the Request for Reconsideration form, we will create an order for the Request for Reconsideration. This invoice will be available in your myAPEGA portal for you to complete the payment. Your application <b>will not</b> be processed or sent for review until the payment has been received.		