



## Request for Appeal

Appellant's Name: \_\_\_\_\_ ASET ID # \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

I, \_\_\_\_\_ wish to appeal the decision of the following:

**Investigative Committee / Joint Investigative Committee decision:**

\_\_\_\_\_ ,

dated \_\_\_\_\_, as per Section 51 of the EGP Act.

**Discipline Committee / Joint Discipline Committee decision:**

\_\_\_\_\_ ,

dated \_\_\_\_\_, as per Section 67 of the EGP Act.

**Board of Examiners / Joint Board of Examiners decision:**

\_\_\_\_\_ ,

dated \_\_\_\_\_, as per Section 32 of the EGP Act.

### REASONS FOR APPEAL

Please describe the reason(s) for your appeal below or attach 1 page maximum:

### PAYMENT INFORMATION

I would prefer to pay the **\$500 non-refundable appeal fee** using the following method of payment. NOTE: Credit card numbers are not kept on file in accordance with privacy law.

VISA     AMEX     MasterCard     Enclosed Cheque (payable to ASET)

Credit Card #:	Exp. (MM/YY)
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Name on Card:
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Please be advised, once the appeal fee has been processed, the appeal process will commence, and you will receive confirmation of your appeal request.

Signature:	Date:
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Once complete, submit form to Melanie Leaf, Registrar and Director of Practice at [melaniel@aset.ab.ca](mailto:melaniel@aset.ab.ca).

All personal information you provide is subject to the conditions and protection of the ASET Privacy Policy, which can be viewed online at [aset.ab.ca](http://aset.ab.ca).

