

Compassionate Appeal Request Form



[Refer to the NDEB
By-laws on our
website for details](#)

NDEB
80 Elgin Street
2nd Floor
Ottawa, Ontario,
Canada K1P 6R2

An examinee who feels they have been unable to demonstrate their ability during an examination due to a serious health circumstance or unanticipated extenuating circumstances beyond their control **during** the examination may, within one week, submit a compassionate appeal to the Executive Committee.

To submit a compassionate appeal, you must:

1. complete this form,
2. obtain supporting documentation, and
3. submit the form and supporting documentation by email to appeals@ndeb-bned.ca with the subject "Compassionate Appeal Request".

Name

NDEB ID#

Exam

Date of Exam

Check the type of incident you would like to report.

Circumstances	
Illness/ medical condition	<input type="checkbox"/>
Personal emergency	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

Provide a detailed description of the incident including how you feel this/these event(s) prevented you from demonstrating your abilities during the examination. If more space is required, attach additional pages.

Cont.

Authorization

I authorize the NDEB to contact any medical professional who submitted supporting documentation for my request.

Declaration

I declare that the information and all supporting documents I have provided are truthful, accurate and complete to the best of my knowledge, and I understand that a false or misleading statement may result in an allegation of misconduct.

Signature

Date

For internal use only

Request received within one week of testing date?

Yes No

Supporting documentation submitted?

Yes No

Medical documentation authenticated?

In process
 Yes
 No (select one)
 Fraudulent
 Authentication not requested

Results released?

Yes No

Notes