



**Canadian Association of Registered Diagnostic Ultrasound Professionals**  
**Association Canadienne des Professionnels Autorisés en Échographie Diagnostique**

**CARDUP ACPAED**

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**Exam Appeal Requests must be received by CARDUP no later than 10 business days after candidate receives examination results.**

**CARDUP Examination Results Appeal Request**

**1. IDENTIFICATION (PLEASE PRINT OR TYPE LEGIBLY.)**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Date: \_\_\_\_\_  
 (date / month / year)

Street Address \_\_\_\_\_

P.O. Box or Rural Route (if applicable) \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

CSDMS / CARDUP No. (if applicable) \_\_\_\_\_ Date of Birth (date / month / year) \_\_\_\_\_

**2. FOR WHICH SPECIFIC EXAMINATION(S) ARE YOU REQUESTING AN APPEAL OF YOUR RESULTS:**

<input type="checkbox"/> Core <input type="checkbox"/> Generalist <input type="checkbox"/> Cardiac <input type="checkbox"/> Vascular	<input type="checkbox"/> May <input type="checkbox"/> September <input type="checkbox"/> January Indicate Year _____	<input type="checkbox"/> BCIT <input type="checkbox"/> NAIT <input type="checkbox"/> SAIT <input type="checkbox"/> Winnipeg Health Sciences <input type="checkbox"/> Mohawk	<input type="checkbox"/> Michener <input type="checkbox"/> Collège Boréal <input type="checkbox"/> QEII / Dalhousie School of Health Sciences <input type="checkbox"/> College of the North Atlantic
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**3. PLEASE INDICATE THE REASON FOR YOUR REQUEST TO APPEAL YOUR EXAMINATION RESULTS:**

- [A]  The occurrence of circumstances beyond your control that adversely affected your attendance at the examination.
- [B]  The occurrence of disruptive testing conditions that adversely affected your performance on the examination.
- [C]  You experienced an unexpected medical situation (injury or illness) that adversely affected your performance on the examination.
- [D]  You are requesting verification of your examination score.

**4. PLEASE DESCRIBE IN DETAIL THE REASONS FOR YOUR SPECIFIC APPEAL AS INDICATED IN SECTION 3:**

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**5. IN THE EVENT THAT YOUR APPEAL IS SUCCESSFUL FOR REASONS [A], [B] OR [C] LISTED ABOVE IN SECTION 3 THEN YOUR EXAMINATION FEE (LESS THE MANDATORY \$100.00 NONREFUNDABLE EXAM APPLICATION PROCESSING FEE) CAN BE REFUNDED TO YOU. PLEASE INDICATE BELOW IF AND HOW YOU WOULD LIKE TO RECEIVE THIS REFUND. \*\*\*PLEASE NOTE THAT NO REFUND IS AVAILABLE IF YOU ARE APPEALING UNDER REASON [D].\*\*\***

- If my appeal is successful, I would like CARDUP to keep my paid examination fee on file for the next time I apply to rewrite the examination.
- If my appeal is successful, I would like to receive a refund of my examination fee (less the mandatory nonrefundable exam application processing fee).

<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order
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<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	Account Number:
	_____

Signature of Cardholder:	Expiry Date:
_____	_____

**6. ACKNOWLEDGMENT AND STATEMENT OF AGREEMENT**

<input type="checkbox"/>	I hereby certify that the information contained herein is true and accurate to the best of my knowledge.
<input type="checkbox"/>	<p>I acknowledge that CARDUP may disclose to third parties my personal information contained herein (in whole or in part) for the purpose of verifying the accuracy thereof and for no other purpose. I consent to such disclosure provided that before disclosing any of my personal information to any third party for such purpose, CARDUP enters into an agreement with the third party pursuant to which it is required to use that information solely for the purpose of verifying the accuracy thereof and to maintain privacy measures at least as stringent as those of CARDUP.</p> <p>I also consent to third parties disclosing my personal information to CARDUP, so that CARDUP can process my Appeal and verify the accuracy of the information provided in this Appeal.</p>
<input type="checkbox"/>	I have read and understand CARDUP's Privacy Policy and I consent to the collection, use and disclosure of my personal information for the purposes of processing this Appeal.
<input type="checkbox"/>	<p>I acknowledge and agree that, while CARDUP takes reasonable steps to ensure the accuracy and completeness of its information, resources and reports, neither CARDUP nor any of its directors, officers, agents or employees shall be responsible for damages or losses in the event of any errors or omissions contained therein, nor shall CARDUP be liable for any damages or losses whatsoever (including without limitation damages of a personal, professional or financial nature) incurred by me as a result of any decision pertaining to this Appeal made by or on behalf of CARDUP or any of its directors, officers, agents or employees.</p> <p>By requesting this Appeal, I further agree that I shall not take any legal action or commence other proceedings against CARDUP or any of its directors, officers, agents and employees for anything done in good faith related to this Appeal, including any errors, omissions, neglect or default in respect thereof.</p> <p>I also agree to indemnify and hold harmless CARDUP and each of its directors, officers, agents and employees (the Indemnified Parties) absolutely and forever, from and against any and all claims, actions, damages, suits, liabilities, obligations, costs, fees, charges, and other expenses whatsoever, including reasonable legal fees and costs (collectively the "Claim"), that may be asserted against any Indemnified Party in connection with the information provided to an Indemnified Party by me hereunder and any error, omission or inaccuracy in respect thereof.</p>

**Please continue to the 3<sup>rd</sup> page, read completely and then date and sign your Appeal before submission. Your Appeal will not be processed without your signature and date.**

**Please Note: CARDUP reserves the right to request additional information or documentation, if necessary, to complete its review of your appeal. Please ensure that your contact information is accurate and current. CARDUP will complete its review of your appeal and render a decision within 30 calendar days of receipt of all necessary information for your appeal. You will receive the final decision of your appeal in writing.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

FOR CARDUP OFFICE USE ONLY

Date received: \_\_\_\_\_

Actions Taken: (Record by date and action): \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Decision: \_\_\_\_\_

\_\_\_\_\_

Date of Notification to Candidate: \_\_\_\_\_