

# APPEAL FORM

## (FOR USE WHEN APPEALING A DECISION REGARDING INDIVIDUAL LICENSURE/CERTIFICATION)

Name: \_\_\_\_\_ Location(s): \_\_\_\_\_

Level of appeal ( check appropriate level): Level I \_\_\_ Level II \_\_\_ Level III \_\_\_

Rationale for Appeal:

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

LPDC Use Only

Date received by LPDC: \_\_\_\_\_

Appeal Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_

Appeal Committee response/findings:

Signature(s) of Appeal Committee: \_\_\_\_\_

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

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