



Postgraduate Medical Education Appeal Submission Form

Last Name:	First Name:	UCID:
Email:		Phone:
Program:		PGY:
Date you were notified of decision:		
The decision being appealed is regarding: (select one from drop down list)		
If appealing a failed rotation or ITER, please indicate which rotation:		
Requirements for Appeal Submission		
<p>As per Section 5.4 of the Postgraduate Medical Education Resident Appeals Procedure, an appeal to the PGME Appeals Committee must include the following:</p> <ul style="list-style-type: none">a) the Resident's UCID number;b) a copy of the decision being appealed;c) a list and full explanation of the ground(s) of appeal;d) all relevant evidence or documentation in support of the appeal;e) a list of evidence or documentation that has been requested from third parties;f) the outcome the Resident is requesting; andg) a statement that all evidence and documentation provided by the Resident is true and accurate <p>Requirements a), c), f), and g) can be met through completion of this form.</p>		
<p>Please select one or more of the below to indicate the grounds under which you are appealing:</p> <ul style="list-style-type: none"><input type="checkbox"/> relevant new information has arisen that could not have been presented earlier and that may have otherwise affected the decision being appealed<input type="checkbox"/> that there was a reasonable apprehension of bias on the part of the person(s) who made the decision being appealed<input type="checkbox"/> the decision is unreasonable <p>any other ground (please specify below:)</p>		



Detailed Explanation of Appeal: *(provide a clear and concise statement outlining the reasons for your appeal and supporting facts. You may add additional pages)*

Please describe the outcome you are seeking:

Please list all supporting documentation submitted with appeal request:

Please indicate whether you require any accommodation or special consideration regarding your participation in the hearing process:

Please confirm the following:

- ☐ I have read and understood the [Postgraduate Medical Education Resident Appeals Procedure](#)
- ☐ I have enclosed all relevant supporting documentation and evidence, including a copy of the decision being appealed.
- ☐ All of the above information, my appeal submission, and all attached evidence and documentation is true and accurate.

Resident Name (Printed)

Resident Signature

Date

Save your file as **Lastname_Firstname_Appeal**.

Please submit this form, along with all documents to pgmeappeals@ucalgary.ca



This information is being collected under the authority of section 4(c) of the Alberta Protection of Privacy Act, SA 2024, c P-28.5 (POPA). It is required for reviewing your appeal. We recognize the sensitive nature of your personal information and are committed to the protection of your privacy. UCalgary will treat your personal information as confidential at all times and will make reasonable security arrangements against such risks as unauthorized access to, collection, use, disclosure or destruction in accordance with POPA. Access to your personal information will be restricted to a limited number of designated individuals and your personal information will only be disclosed in deidentified form, or as otherwise permitted under POPA. If you have any questions regarding this notice or the collection, use or disclosure of your personal information, please contact the UCalgary Access and Privacy Office at accessandprivacy@ucalgary.ca.

For PGME OFFICE Use only

Date received:

Appeals Chair: