



A request for an appeal must be made on the “PGME Request for Appeal Form” to the Postgraduate Medical Education Office of NOSM University in accordance to the procedures in the Postgraduate Medical Education Policy and Procedures for the Evaluation of Resident Performance.

All communication to the resident (appellant) related to the appeal shall only be sent to his/her NOSM U email account.

**Section A: Resident Information**

Name	
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Program	
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NOSM email account	
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Local Address	
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Telephone Number	
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Permanent Address	
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Cell phone number	
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I have read and understood the NOSM University Postgraduate Medical Education Appeals Policy.

Printed Name	
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Signature	
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Date	
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The appeal will only be heard for the reasons stated below and if the resident has followed the levels and steps of the appeal process.

Please ensure that you provide all the information requested below as part of your appeal.

# NOSM University

## Postgraduate Medical Education (PGME) Request For Appeal Form

The Chair of the PGEAC may in his/her discretion request and introduce any evidence he/she deems relevant.

### Section B: Categories for an appeal

Please check below the category of decision being appealed.

<input type="checkbox"/>	Any aspect of an ITER/ITAR that clearly indicates progress is not as expected or that there are significant concerns with performance in any domain.
<input type="checkbox"/>	An end of rotation/educational experience ITER/ITAR designated overall as a "Fail" or leading to remediation/extension on the basis of that assessment.
<input type="checkbox"/>	An RPC decision that remedial training or probation is required, the content or terms of the remediation or probation, or that remediation was unsuccessful.
<input type="checkbox"/>	A Program Director decision not to complete a Final In-Training Evaluation Report (FITER) or Core In-Training Evaluation Report (CITER) where the Program Director indicates that he/she <b>cannot</b> certify that the resident has acquired the competencies of the program.
<input type="checkbox"/>	A decision by the Residency Program Director and/or the AD PGME to dismiss a resident.

### Section C: Reasons for the appeal

Please identify your reasons for disagreeing with the assessment:

### Section D: Desired Outcome

Please state briefly the desired outcome of the appeal:

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### Section E: Grounds for Appeal

Please check below the appropriate grounds for appeal:

<input type="checkbox"/>	Relevant information was not considered.
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<input type="checkbox"/>	Evidence of a factual error or procedural irregularity in the consideration of the appeal at a previous level of appeal.
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<input type="checkbox"/>	Evidence that one or more of the principles of natural justice has been violated at a previous level of appeal.
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Please provide a brief, reasoned argument in support of each of the grounds that you are claiming for your appeal (copy below or attach to this form).

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### Section F: Supporting Argument/Documentation

1. Summarize the evidence which you are prepared to offer in support of your grounds for appeal. You may attach any documents that you feel would support your appeal (examples may include copies of ITERs/ITARs, RPC decision, PGME Office correspondence, medical documentation etc):

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2. The Appellant must present his/her own appeal. In addition, the Appellant may have one support person or legal counsel present during the appeal. Only the Appellant can present the appeal. Please list below the individual who you will be calling upon or who will be present during the appeal.

Name	Title

# NOSM University

## Postgraduate Medical Education (PGME) Request For Appeal Form

The PGME Director will contact the Appellant within ten (10) working days of receipt of the appeal to confirm receipt of the appeal and next steps and to provide a date for a PGEAC appeals meeting and any additional information at that time.

RETURN completed form to:

Senior Director, PGME  
NOSM University

955 Oliver Road, Thunder Bay P7G 1E3  
Telephone:(705) 662-7275

Email: [postgrad@nosm.ca](mailto:postgrad@nosm.ca)