

ALBERTA PROVINCIAL HCA EXAMINATION ADMINISTRATION PROCESS APPEAL FORM

Candidates must read the following instructions and information carefully prior to completing the form below.

Instructions

Exam results themselves cannot be appealed. Candidates may appeal the exam administration process only, if they believe an irregularity in the process may have affected their success. (See [Government of Alberta HCA Examination Policies \(2020\)](#) 12.0 Examination Appeals)

- This form must be completed to the HCA Directory at exam@albertahcadirectory.com within a **maximum of 5 business days** of the receipt of your official exam results.
- **One (1)** appeal form must be submitted per applicant; multiple form submissions will not be considered.
- An appeal will be reviewed by an independent person or committee appointed by the HCA Directory, within 5 business days following receipt of the written request. The HCA Directory will notify the candidate of the appeal outcome, in writing, by email.

All appeal decisions are final.

PROCEDURE AND RESPONSIBILITIES:

STUDENTS

1. Complete section 1 of this form and send it to exam@albertahcadirectory.com within the timelines identified above.
2. All information must be included before a request for appeal will be processed.
3. Incomplete forms will be returned to candidates.

HCA DIRECTORY

1. Notify the exam provider (Yardstick) that an appeal has been launched.
 2. Yardstick will provide data related to the exam administration process that is being appeal. Data may include, but is not limited to:
 - a. Recording of the exam
 - b. Any incidents reports generated during the exam
 - c. Other data that relates to the student experience during the exam
 3. HCA Directory will appoint a person or committee independent from the Directory to review the data collected and make a final appeal decision.
 4. HCA Directory will notify the candidate of the appeal outcome in writing by email.
 5. HCA Directory will maintain records of the candidate appeal form, Yardstick and/or ProctorU reports, and the final appeal decision letter.
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SECTION 1: TO THE COMPLETED BY THE STUDENT

Student Full Name:

Student Number:

Date of Birth:

Date of Exam for which the administration process is being appealed:

Please provide a brief and specific summary of your reason for making this appeal related to the exam admin process in the box below. The following box is subject to the word limit.

Student signature:

Date: