



Request for Individual Assessment (IA) Review Form

The College of Homeopaths of Ontario *Policy REG AD 02 Individual Assessment Appeals Process and Timelines* states (refer to www.collegeofhomeopaths.on.ca for the full policy document):

An Applicant/Registrant can request a review of the individual assessment (IA) results by a third party (Request for IA Review) if the Applicant/Registrant does not agree with the results. The Request for IA Review is made to a third party body approved by Council.

An Applicant/Registrant can appeal the IA results made by the third party if the Applicant/Registrant does not agree with the results. If the Applicant/Registrant does not agree with the results of the Request for IA Review, he or she can submit an application for registration to the College so that the matter can be considered by the Registration Committee. If the Applicant/Registrant is not satisfied with the decision of the Registration Committee, he or she can request a review or hearing before the Health Professions Appeal and Review Board (HPARB).

In the alternative, the Applicant/Registrant may skip the Request for IA Review process and submit an application for registration to the College, that will be referred directly to the Registration Committee (and then, if necessary, go to HPARB). The Request for IA Review process is voluntary.

Note: If you select to submit a completed Application for Registration with the College your current assessment results will be used as a basis for that application.

Note: The Request for IA Review is different from the Request for Reassessment. The Request for Reassessment process is for Applicants/Registrants who accept the findings of the third party assessors and are continuing to provide evidence of competence which they did not meet during the initial assessment. There is a fee, payable to the third party, for a Request for Review and a Request for Reassessment.

IMPORTANT NOTE:

The required fee (as outlined on page 3) must accompany this form. Request for IA Review must be submitted within 60 days of receiving the third party assessment.

Personal Information

Last Name

First and Middle Names

Home Address

Apt. # / Unit

City

Province

Postal Code

Email

Home Telephone

Fax Number

Current Registration Status: Not registered Currently registered in _____ Class



Applicant Name: _____

Reason for Request for IA Review

I want to submit a Request for IA Review of my Individual Assessment Results.
I received the third party assessment on (year/month/day): _____/____/____

I did not meet the necessary requirements below and require the results reviewed:

- Homeopathy Principles (essay)
- 1. Initial Intake
- 2. Case Taking - Consultation
- 3. Patient Communication and Rapport
- 4. Case Analysis & Repertorisation
- 5. Selection and Dispensing of Medicines
- 6. Case Management and Follow-up

Please explain why you are submitting a Request for IA Review.

If you are providing additional documentation, please list.
(Please use another page as required).



Important Information about Requests for IA Review

Privacy Statement

A third party will be performing the individual assessment program. The third party will be required to provide certain information to the College that arises from your independent assessment including, but not limited to whether the competencies have been met, the number of competencies that have not been met, the request for a reassessment, and the Request for IA Review. Anonymized information will also be provided by the third party to the College.

Fee for Each Individual Assessment Request Review

- | | |
|----------------------------------------------------------------------------------------------------------------------|-------|
| <input type="checkbox"/> Review of the entire application – cases and essay (Eligibility Requirement for Full Class) | \$650 |
| <input type="checkbox"/> Review of the cases only | \$500 |
| <input type="checkbox"/> Review of essay only | \$350 |

I certify that the statements made by me on all pages of this application are complete and correct to the best of my knowledge and belief. I understand that making a false or misleading statement on this application could result in the rejection of the application or discipline measures up to and including revocation. I agree to notify the Third Party in writing within 7 days of any change(s) to the information contained on this form, including personal data.

Please keep a copy of all documentation submitted with form for your records.

Applicant Name (Please Print)

Signature

Date



Requests for IA Review Payment Form

Method of Payment

Acceptable methods of payment include:

Payment by Cheque or Money Order (Post-dated cheques are not accepted)

If paying by cheque or money order, please make it payable to Human Resource Systems Group Ltd., attach it to this four-page form and mail to:

Human Resource Systems Group Ltd.
c/o Administrator (Homeopathy Individual Assessment)
6 Antares Drive, Phase 1, Unit 8, Ottawa, Ontario, K2E 8A9

Payment by Credit Card

Visa or
Mastercard

If paying by credit card, please call:

Accounting Dept. HRSG phone 1-866-574-7041 ext. 221 or 613-745-6605 ext. 221