

REQUEST FOR EVA RE-ASSESSMENT

Please complete this form and return it to CPHR Alberta by email to experience@cphrab.ca within two weeks of receiving your EVA Outcome. Please note re-assessment requests that are unclear or disrespectful in nature will be rejected.

Applicant Information:

Name: _____

EVA Submission Date: _____

Reason for Re-Assessment Request

Please note, CPHR Alberta does not recognize the following as valid reasons for re-assessment:

- *The Member disagrees with the assessment that his or her experience is not sufficiently at the professional level; or,*
- *The Member did not fill out the form as fully or clearly as needed.*

Please explain the reason for your re-assessment request in the box below.

Member Information:

Applicant Signature

Date