



## NOTICE OF APPLICATION FOR POLICY EXCEPTION

[OEBC's Appeals Policy](#) sets out procedures on formal requests for a policy exception or appealing any decision made by OEBC.

The Notice of Application For Policy Exception must be filed at [exams@oebc.ca](mailto:exams@oebc.ca) along with the applicable fee to start the process.

### Instructions

Please complete the sections below and document issues as follows.

- **Issue** – List the key element of why the policy should not apply to you
- **Description of the Issue** – In your own words, describe what happened.
- **Grounds for the request** – A statement setting out the grounds of your request (e.g., medical, compassionate, financial, policy not followed). A “ground” is a legal term that means the reason for the request. Please describe how the issue impacts you. Requesting a policy exception simply because you are unhappy with the outcome will not be successful. You must have a reasonable ground to support the issue that you have appealed.

### Notes

There is no limit on the number of issues you may list. However, we ask that you list each issue separately. You may also provide general commentary and attach it to your Notice of Application for Policy Review.

If you provide documentary evidence to support a specific issue, please reference it in the “Grounds for Review” section of an issue and attach it to your Notice.

At the end of the Notice form, please feel free to add your additional comments.

# NOTICE OF APPLICATION FOR POLICY EXCEPTION

OEBC		Candidate	
<b>Submitted to</b>	Chief Executive Officer	<b>Name</b>	
<b>Email</b>	exams@oebc.ca	<b>Email</b>	
<b>Address</b>	Optometry Examining Board of Canada (OEBC) 37 Sandiford Drive, Suite 403 Stouffville, Ontario L4A 3Z2	<b>Address</b>	
<b>Date Received</b>		<b>Date Submitted</b>	
<b>Date Appeal Fee Received:</b>		<b>Applicable Policies</b>	

## My Application for Policy Exception related to the following policies:

<input type="checkbox"/> Eligibility and Retake	<input type="checkbox"/> Registration	<input type="checkbox"/> Withdrawals and Refunds
<input type="checkbox"/> Accommodations	<input type="checkbox"/> Rules of Conduct	<input type="checkbox"/> Admission Dates and Location
<input type="checkbox"/> Publication of Exam Results	<input type="checkbox"/> Misconduct	<input type="checkbox"/> Appeals
<input type="checkbox"/> OTHER (specify)		

## What outcome do you expect as a result of this appeal?

- Credit towards a future administration  
  Nullification of attempt  
  PASS  
 Extension of 15-month Policy  
  OTHER (specify below)

Total number of pages, including attachments, that you are providing:

Notice of Appeal

## **ISSUES**

**Issue 1 –**

**Description of the Issue**

**Grounds for Appeal**

Notice of Appeal

**Issue 2 –**

**Description of the Issue**

**Grounds for Appeal**

**Issue 3 –**

**Description of the Issue**

**Grounds for Appeal**

**Additional Comments**