

**Submit to:**

The College of Speech-Language Pathologists and Audiologists of Saskatchewan

Email: office@csask.ca

BEFORE COUNCIL OF THE COLLEGE OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS OF SASKATCHEWAN IN THE MATTER OF AN APPEAL PURSUANT TO SECTION 20 OF *THE SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS 1990-1991*, AND REGULATORY BYLAW 22.

Appellant First Name

Appellant Last Name

Date Appeal Submitted

Date of Original Decision

IDENTIFY SPECIFIC DECISION FOR WHICH A REVIEW IS REQUESTED:

IDENTIFY REASONS WHY YOU BELIEVE COUNCIL SHOULD REVERSE THE DECISION:

SPECIFY THE DESIRED OUTCOME OF THE REVIEW:

IDENTIFY ANY NEW INFORMATION THAT WAS NOT MADE AVAILABLE TO THE REGISTRAR PRIOR TO MAKING THE DECISION IN RESPECT OF WHICH A REVIEW IS REQUESTED. Note that any new information must first be submitted to the Registrar for review.

Additional documents/evidence to demonstrate that the appellant satisfies the registration requirements may be attached.

Signature of Appellant