



ONTARIO AUTISM PROGRAM

PROVIDER LIST APPLICATION APPEAL REQUEST FORM

You can request an appeal of the following decisions:

- » *Your OAP Provider List application was refused*
- » *You were suspended from the OAP Provider List*
- » *You were removed from the OAP Provider List*

To request an appeal, you must complete this form and submit it to appeals@oaproviderlist.ca within 20 business days of receiving notice of the decision you wish to appeal. Requests for extensions will be considered on a case-by-case basis.

By requesting an appeal, you acknowledge the decision of the Appeals Committee is final.

PERSONAL INFORMATION

FULL NAME: _____

EMAIL: _____

ADDRESS (STREET NUMBER, STREET NAME): _____

(CITY, PROVINCE, POSTAL CODE): _____

PREFERRED TELEPHONE: _____

REASON FOR APPEAL

Please explain why you are requesting an review of Autism Ontario's decision, and your desired outcome from this appeal.

SUPPORTING DOCUMENTS

An appeal to the Appeals Committee is a paper review process. Include with your form any supporting documents to aid in your appeal. All supporting documents must be in English.

Please list all supporting documents attached to this form and indicate whether you plan on submitting additional documents at a later date (use another page, if required.) You will have 60 days from the date this request is made to file an further documents.