Member Name: ___________________  Date: ___________________

Membership #: ____________

*I am requesting that a 2nd review be completed of my file for the following reasons. (You must provide as much detail as possible – incomplete requests will not be processed.)

Reasons for 2nd File Review:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

I am attaching the following supporting documentation.

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

I understand that a 2nd review of my file will take 8 weeks or longer. I have read the 2nd Review Troubleshooting Guide and none of those examples pertain to my request.

*Member’s Signature: ___________________

* These fields need to be completed.

You can send this form plus accompanying documentation via mail, fax, or email to:

Barry Billing, Deputy Registrar
10 Four Seasons Place, Suite 404
TORONTO ON  M9B 6H7
Fax: 416.621.8694
Email: bbilling@oacett.org