**National Institute for Health Specialties**

**Appeal form**

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| 1. **GENERAL INFORMATION** | | |
| **1 Institution Information** | | |
| Entity name | | Click or tap here to enter text. |
| Telephone | | Click or tap here to enter text. |
| Email | | Click or tap here to enter text. |
| Specialty program title | | Click or tap here to enter text. |
| **2 Key contacts** | | |
| *Designated Institutional Officer* | | |
| Title | Click or tap here to enter text. | |
| Full Name | Click or tap here to enter text. | |
| Position | Click or tap here to enter text. | |
| Telephone | Click or tap here to enter text. | |
| Email | Click or tap here to enter text. | |
| 1. **APPREAL DETAILS:** | | |
| Reasons for the Appeal: | | |
| Click or tap here to enter text. | | |

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| 1. **EVIDENCE TO SUPPORT YOUR APPEAL REQUEST** | |
| List all documents supporting the appeal request and attach them to the application | |
| Click or tap here to enter text. | |
| 1. **SIGNATURE OF DIO** | |
| To be completed by the Designated Institutional Official of entity applying for Appeal Request | |
| DIO Signature |  |
| Date | Click or tap here to enter text. |