**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. |