

LPDC Appeal Process

Name of person requesting appeal: _____

Date: _____

It is the appellant's responsibility to select a certified or licensed educator to serve as his/her choice on the Third Party Review panel. On the line below, please write the name of the person you have requested to serve.

| | | |
|------|--------------|-------------|
| Name | Home Address | Home Phone# |
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Please supply the names of five other certified or licensed educators who you would not object to as being the third mutually agreed upon panel member.

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|------|--------------|-------------|
| Name | Home Address | Home Phone# |
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LPDC Appeals Notification

____ Agreement has been reached on the selection of the panel members. They are as follows:

_____ LPDC choice

_____ Appellant's choice

_____ Mutual choice

The Third Party Review will occur on (date) _____ at _____ am/pm.

____ Agreement has not been reached on the selection of panel members. On the back of this form, please supply us with five additional names.

Signature of LPDC Representative

Date