

LPDC Appeal Process Form

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.

Name	Home Address	Home Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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. You may be present at this review.



_____ 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