



NOTICE OF APPEAL
AMERICAN BOARD OF VETERINARY OPHTHALMOLOGY
APPEALS COMMITTEE

Please see the ABVO website at <http://www.abvo.us/Documents/ABVOP&Putd2-29-16.pdf> for Policies and Procedures governing the ABVO appeals process. Please ensure this Notice of Appeal is complete before filing. Additional pages may be attached if necessary.

APPELLANT CONTACT INFORMATION

1. Name of Appellant: _____
2. Address: _____
3. Name of Practice/Institution: _____
4. Contact Phone Number(s): _____
5. E-Mail Address: _____

INFORMATION REGARDING YOUR APPEAL

1. ABVO Committee/Board which made the decision you are appealing: _____
2. Date of the decision you are appealing (Note that this Notice of Appeal must be received by the ABVO Office within thirty (30) days of the delivery of the decision being appealed) _____
3. Brief description of the decision you are appealing:

4. The basis for your appeal. *(Note that appeals may be based only on grounds that the ABVO or one of its Committees has ruled erroneously by 1) Disregarding the current Policies and Procedures of the ABVO or relevant ABVO Committee or 2) Failing to consider relevant evidence and documentation initially presented. Therefore, please list by article number the specific policy and procedure which you believe has been disregarded.)*

5. Briefly describe the corrective action(s) sought.

6. List all documents attached to this Notice of Appeal (with brief explanation for their inclusion if necessary).

By signing below, I hereby certify that the information provided on this form, and the documents submitted in support of this appeal are true and correct.

Appellant Signature _____

Date _____