Alberta

Application for Re-evaluation

- Only candidates who score **60-69%** on the original written exams ca apply to rewrite exams with the testing host.
- Candidates who fail their first attempt at demonstrating a skill may be re-evaluated by the same evaluator.
- Candidates who score 59% or less are recommended to re-take the course. Appeals can be submitted by these
 candidates, using the Application to Appeal form. An Application to Appeal form must be submitted within 30 days of
 receiving test scores.
- A candidate is allowed only **ONE exam** rewrite or skill re-evaluation.
- The original testing host must submit this application on behalf of the candidate and/or fire department at least THREE WEEKS prior to the proposed rewrite date.
- Rewrite exams must be completed within SIX MONTHS from of the date of original invoice.
- Submit completed applications to <u>ma.certexam@gov.ab.ca</u>.
- To ensure all fields within the form are functional, please download and open on your desktop

Host Information		
Host Department:		Contact Name:
Phone Number	Email Address:	
Address:	Personal email addresses v Town/City:	<pre>viil not be accepted Postal Code:</pre>
□ Exam Rewrite Information		
Date of Exam Rewrite:	Date of Original E	Exam:
NFPA Standard and Level:		Number of Exams:
Candidates to Rewrite (Legal names)		

Proctor Information		
Legal Name:	Birthdate:	
Email:	Contact Number:	

The personal information collected through the Application for Fire Rescue Certification form is for the purpose of the fire rescue certification and accreditation program of the Government of Alberta. This collection is authorized by section 33 (c) of the Freedom of Information and Protection of Privacy Act. For questions about the collection of personal information, contact the Manager, Certification at 780-422-8021, by email at ma.certexam@gov.ab.ca or mail to 16th Floor, Commerce Place, 10155 – 102nd Street, Edmonton, AB, T5J 4L4.

] Exam Re-Evalu	tion Information
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Date of Re-Evaluation:	Date of Original Evaluation:
NFPA Standard and Level:	Number of Evaluation:

Candidates to Re-evaluate (Legal names)	

Evaluato	or Information
Legal Na	me: Birthdate:
Email: _	Contact Number:
Billing I	nformation
• li c • (nvoices and results are emailed to the contact name listed on page one and to the invoice recipient listed below. Invoices will ONLY be sent to the HOST DEPARTMENT . Instructors, proctors, or evaluators CANNOT receive an invoice on behalf of a testing host. Cost per rewrite is \$45.00. Testing hosts will be charged based on the total number of exams marked.

An exam will not be marked if a candidate does not pass the skills evaluation.

Check if same as Host Information

Complete only if different than Host Information

Host Department _____

PO # (if applicable)	Invoice Email Address:
PO # (if applicable)	Invoice Email Address:

Address:_____ Postal Code: _____

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