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|  |  **Education Appeal** |

Use this form to appeal a decision made regarding an education, training or ECEAP staff qualifications application that you completed in MERIT. Submit your appeal form within **60 days** of the decision. Review the policy for education and training appeals for more information or questions regarding your ECEAP staff qualifications application appeal please email ECEAP@dcyf.wa.gov

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| First Name:       | Last Name:       |
| STARS ID:       |  Date of Birth (mm/dd/yyyy):       |

## INSTRUCTIONS

Print or type your response in the field below, sign at the bottom of the form, and then email the completed form to:

* Education Application appeals are emailed to education.verification@centralia.edu
* Trainer Approval and Training appeals are emailed to MERIT@dcyf.wa.gov
* ECEAP Staff Qualification appeals are emailed to ECEAP@dcyf.wa.gov

## REASON FOR APPEAL

Please use the space below or attach a separate document to address the reason for your appeal. Be sure to include your name and STARS ID on all supporting documents that you provide.

## The reason I am applying for an appeal is because I believe:

 [ ]  My education was incorrectly recorded

 [ ]  I am eligible for an Education Award that I did not receive

 [ ]  My training was incorrectly recorded

 [ ]  My ECEAP staff qualifications were incorrectly recorded

## Please address the following questions:

 [ ]  What is the reason you think the action taken was not correct?

 [ ]  What is your desired outcome?

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## Statement of Understanding

* The information I provided is true and accurate and may become public upon request.
* All documentation submitted to DCYF will become the property of DCYF and will not be returned.
* If an alternate decision is made, I authorize DCYF to enter this information into MERIT.
* Any documentation that appears to have been altered, or on which “white out” is used, will not be processed or verified.
* I understand no awards will be revised or paid based on previous policy; this includes the Career Lattice of 2014.

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| Signature: |  | Date:      |
|  **If under 18 years of age:** |  |

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| Parent/Guardian Signature (required if under18): |  | Date:      |
| Parent/Guardian Name (please print): |  |  |

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|  For internal DCYF use only

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| Professional’s Name: |       | STARS ID: |       |
|  |  |  |  |
| Based on the review, DCYF has made the following decision (check one): |
|  | [ ]  Approved [ ] Denied |  |  |

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| Professional was notified on: |       | by: | [ ]  Email [ ]  Phone or Voicemail |
|  | Date |  |  |
| I completed a thorough review, followed up with the professional and noted the outcome of the professional’s MERIT record.Processed by (printed name of DCYF employee):       |

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