

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

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?

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.

Signature: _____

Date: _____

If under 18 years of age:

Parent/Guardian Signature (required if under 18): _____

Date: _____

Parent/Guardian Name (please print): _____

For internal DCYF use only

Professional's Name: _____ STARS ID: _____

Based on the review, DCYF has made the following decision (check one):

Approved Denied

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): _____