

Examinees who have written any LLQP examination module administered by the Insurance Council of British Columbia (“Insurance Council”) and approved partnering test centres, have the right to appeal a decision relating to their examination, including the examination result.

Examinees making an appeal request must complete and submit this form, clearly outlining their grounds for appeal and provide relevant supporting documentation or evidence. This must be sent via email to the Licensing Department within 10 business days of receiving exam results (or within 30 calendar days of a decision regarding misconduct investigation appeals) for consideration. Please review the Life Licence Qualification Program (LLQP) Examination Appeals Policy on the Insurance Council’s [Policies & Other Documents](#) page prior to submitting an appeal.

Freedom of Information and Protection of Privacy Act

Personal information provided by you to the Insurance Council of British Columbia is collected, used, and disclosed in compliance with the provisions of the *Financial Institutions Act* and the *Freedom of Information and Protection of Privacy Act*. Questions about the collection, use, or disclosure of your personal information can be directed to the Insurance Council by email at info@insurancecouncilofbc.com or by telephone at (604) 688-0321.

SECTION 1 EXAMINEE DECLARATION

Please confirm you have fully read and agree to the below certification:

- The information contained in this application, including attachments, is true and complete.
- I understand that it is an offence under the *Financial Institutions Act* to make a material misstatement to the Insurance Council of British Columbia (“Insurance Council”). I understand that making a material misstatement to the Insurance Council could lead to licence refusal, restrictions, suspension, cancellation, and/or fines.
- I understand that the email address provided on this application form will be used for Insurance Council correspondence and publications.
- I understand that course validity and wait periods (between exam attempts) are not grounds for appeal and will only be considered in instances where the Insurance Council offered no examination.
- I understand that the content of the examination is not subject to appeal. The Insurance Council does not review appeals regarding the content of the examination or possible responses to examination questions.
- I understand that I am not permitted to review my examination documents, due to the sensitive nature of the examination materials.

SECTION 2 EXAMINEE INFORMATION

Legal First Name:

Legal Middle Name(s):

Legal Last Name:

Date of Birth (mm/dd/yyyy):	
Email:	
Residential (Home) Address:	
City:	Home Phone:
Province:	Mobile Phone:
Postal Code:	Business Phone:
CIPR Number:	
Exam Record Number:	

SECTION 3 LLQP EXAMINATION INFORMATION

Exam Module	Exam Date	Exam Location	Exam Results

SECTION 4 GROUNDS FOR APPEAL

Select <u>ONE</u> only and provide a detailed description of the appeal in Section 5.
<input type="checkbox"/> Grading Error
<input type="checkbox"/> Misconduct Decision Date of Insurance Council Decision Letter: _____
<input type="checkbox"/> Administrative Error
<input type="checkbox"/> Exceptional Circumstances
<input type="checkbox"/> Other Examination Irregularities Please Specify: _____

SECTION 5 WRITTEN STATEMENT

Provide the grounds for this appeal and reason(s) this appeal should be considered. Please provide details supporting the reason for the appeal, include examples for reference to illustrate the concerns. Be as specific as possible. Attach any relevant supporting documentation or evidence to accompanying email.

SECTION 6 EXAMINEE SIGNATURE

I, the undersigned, acknowledge the following:

all the information contained in this application is true and complete

I understand the terms outlined in Section 1 of this application.

I have read and understand the [LLQP Examination Appeals Policy](#).

I understand the Insurance Council may request additional information from me to assist with its review.

I understand that the Insurance Council reserves the right not to accept appeals outside of the appeal request timelines indicated in the [LLQP Examination Appeals Policy](#).

I understand that the Insurance Council will communicate its decision of the appeal via email within the timelines indicated in the [LLQP Examination Appeals Policy](#).

Signature of Examinee _____

Date Signed (mm/dd/yyyy) _____

Completed forms should be emailed to: licensing@insurancecouncilofbc.com.

INCOMPLETE SUBMISSIONS WILL NOT BE PROCESSED.

For details on the licensing process, refer to the Insurance Council’s website at insurancecouncilofbc.com.