



Appeals Form

Should SCLCA notify you that you are not in compliance with the COSS Recertification Requirements, and your COSS designation is invalid, you have 14 days from the date of notification to file an appeal. SCLCA will review and act on the appeal within 7 business days.

An appeal must be submitted to SCLCA's COSS Operation Supervisor in writing. An appeal must provide information and supporting documentation to justify having SCLCA waive or modify any Recertification rules and procedures, or to provide evidence that compliance with the Recertification Requirements was not possible due to extenuating circumstances.

In order to ensure that all relevant information is provided, persons who wish to submit an appeal must submit this form with a typed letter of request, limited to one typed page, with adequate justification and complete documentation. Complete the section below, and send the form and letter to the COSS Operations Supervisor with all supporting documentary evidence.

This section MUST be completed by Appellant:

Name on COSS Certificate: _____

Mailing Address: _____

Daytime Phone Number: _____

Email Address: _____

COSS Certification Date: _____

COSS Expiration Date: _____

I, _____, wish to appeal against the following decision(s) (check all that apply):

- Expiration of COSS Certification
- Number of Contact Hours/CEUs were not sufficient
- Paperwork/documentation was not submitted on time
- Other (list) _____

I base my appeal on the following grounds:

I am submitting the documentary evidence listed below to support my appeal. [This may include any evidence of medical or personal circumstances, where appropriate]:

Documentation may include, but is not limited to:

- Medical history
- Letter of support from physician, employer, military, etc. (on their letterhead)
- Military orders
- Obituaries, funeral or memorial service program

This form should be submitted with any supporting documentary evidence within fourteen days from the date of the formal communication (either by hard copy or by electronic means), which informed you of the decision against which you are appealing. Appeals should reach the COSS Operations Supervisor, by 4.00 p.m. on or before the fourteenth day.

Appeals should be submitted to:

COSS

8180 Siegen Lane

Baton Rouge, LA 70810

----or-----

(Fax) 225-766-1099, attention COSS)

Please Note:

- All information relevant to your appeal should be submitted as a single package.
- You will receive a written response to your appeal, usually within 7 business days, so be sure to provide a complete mailing address.

I authorize Safety Council to conduct an investigation on my appeal. I understand that the decision made on my appeal, by the Safety Council, is final, and no other action will take place on this matter.

Signature: _____ Date: _____

For Internal Use Only

Meeting Date for this appeal: _____

Decision Made: ___ Appeal Approved ___ Appeal Denied – Give Reason for denial: _____

Authorized Signature: _____ Date: _____

Date student was notified of decision: _____

Notes: _____

Further Actions (if any): _____