



## Pennsylvania Quality Assurance System (PQAS) Removal Appeal Form

**Instructions:** The top portion of this form is to be completed by instructor whose PQAS approval was removed. The instructor has two weeks from the date of their removal letter to get this form and statement into the PA Key:  
**200 North Third Street, 3<sup>rd</sup> Floor, Harrisburg, PA 17101**

<b>Instructor Information</b>	Name: _____		Birthdate: _____		PQAS #: _____	
	Address: _____		City: _____		State: _____ Zip: _____	
	Phone: _____		E-mail: _____			
<b>Complaint Description</b>	When: _____					
	Where: _____					
	What: _____					
<b>Reason for Appeal</b>						

<b>Official Use Only</b>	
<b>Dates</b>	Complaint Letter _____      Appeal letter _____  PQAS Removal Review Council Meeting _____  Decision _____
<b>PQAS Removal Appeal Findings</b>	Approved ____      Not Approved ____ Why?      Why?
<b>Authorized Signature</b>	Council Representative: _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Print name</span> <span>Date: _____</span> </div> _____ Signature
<b>Instructor Contacted</b>	Phone _____      Who _____      Letter _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Date</span> <span>Signature</span> <span>Date</span> </div>