



## 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: _____ Print name _____ Signature _____ Date: _____
<b>Instructor Contacted</b>	Phone _____ Who _____ Letter _____ Date _____ Signature _____ Date _____