

EXHIBIT T-2:

DENIAL DECISION LETTER

PDP Committee Review Date: \_\_\_\_\_

Name / Credentials: \_\_\_\_\_

This letter is to inform you that your application for the following level has been denied for the reasons stated below.

Level:       Level 1       Level 2

Reason(s) for denial:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide notification of your intentions to appeal within 14 days of review.

Sincerely,

\_\_\_\_\_  
Signature PDP Chair / Co-chair

\_\_\_\_\_  
Date

I wish to appeal. I understand I must initiate the appropriate appeal process discussed in the NSPDP program and that a copy of this completed letter with rationale for appeal must be returned to PDP Chair/Co-Chair within 14 days of receipt.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Rationale for appeal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_