



UNCLASSIFIED



CCITP Appeal Request Form

Name:			
Work Address:			
City/State/Zip:			
Unit (if applicable):			
Work Email:			
Work Telephone #:			
Employer:			
Employer POC:			
Employer POC Email:			
Employer POC Phone #:			
Date of appealable event:		Date Appeal Submitted:	
REASON FOR APPEAL			
Examination Results	Certification maintenance and professional development units (PDUs)		
Candidate Registration/Eligibility	Certification disciplinary matters		
Test-Taking Protocols	Decisions related to alleged cheating, alleged violation of professional rules of conduct, or inaccurate information on the application form		
Explain the basis of the appeal. (Limit 1,000 words)			

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Attach all pertinent documentation with the initial submission so your appeal can be properly reviewed. (Please indicate the type of documentation submitted – check all that apply.)

Score Report	Disciplinary Violation Report
Medical Form	Alleged Cheating Defense
Complaint Form	Other

ACTION TAKEN (For PMO Only)

Appeal is Approved

Appeal is Denied

Reject the appeal:

- Insufficient ground for appeal
- Missed deadline for appeals submission

Return – Incomplete information in the appeals submission

Forward to the Certification Appeals Board

Comments:

Reviewer:

Date:

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