

Appeal Request Form

Date Appeal Submitted:

| | | | |
|---|---|-----------------------|--|
| Name: | | | |
| Employer: | | | |
| Work Address: | | | |
| City/State/Zip: | | | |
| Unit (if applicable): | | Work Telephone #: | |
| Work Email: | | Employer POC: | |
| Employer POC Email: | | Employer POC Phone #: | |
| REASON FOR APPEAL | | | |
| Date of appealable event: | | | |
| <input type="checkbox"/> Examination Results | <input type="checkbox"/> Certification maintenance and professional development units (PDUs) | | |
| <input type="checkbox"/> Candidate Registration/Eligibility | <input type="checkbox"/> Certification disciplinary matters | | |
| <input type="checkbox"/> Test-Taking Protocols | <input type="checkbox"/> 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) | | | |
| | | | |
| 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.) | | | |
| <input type="checkbox"/> Score Report | <input type="checkbox"/> Disciplinary Violation Report | | |
| <input type="checkbox"/> Medical Form | <input type="checkbox"/> Alleged Cheating Defense | | |
| <input type="checkbox"/> Complaint Form | <input type="checkbox"/> Other | | |
| ACTION TAKEN (For IFPC PMO Only) | | | |
| <input type="checkbox"/> Forward to the Certification Appeals Board | | | |
| <input type="checkbox"/> Reject the appeal: | | | |
| <input type="checkbox"/> Insufficient ground for appeal | | | |
| <input type="checkbox"/> Missed deadline for appeals submission | | | |
| <input type="checkbox"/> Return – Incomplete information in the appeals submission | | | |
| Comments: | | | |

Reviewer:

Date: