



NCCPT EXCEPTION REQUEST / APPEAL FORM (Please print)		(TO BE COMPLETED BY THE PERSON MAKING THE REQUEST)
Date:		
Your name:		
Current street address:		
City/State/Zip:		
Daytime phone:		
Email:		
Nature of Appeal (Circle one)	1. Exam Eligibility; 2. Exam Performance; 3. Recertification	
Details of the Request/Appeal		
Please describe your request in detail (attach additional sheets of paper if more space is needed).		

I understand that this exception request/appeal form will be reviewed by the NCCPT Certification Appeals Committee and I will receive a letter from NCCPT informing me of the committee’s decision. I also understand that NCCPT’s policies regarding exception requests and appeal processes are provided in detail in the Candidate Handbook.

\_\_\_\_\_  
Signature of person making the request/appeal

\_\_\_\_\_  
Date

**Please attach any documentation supporting your request/appeal that you want the NCCPT Certification Appeals Committee to consider.**

Email or mail the completed form and any attached documentation to:

EMAIL: [arosales@issaonline.com](mailto:arosales@issaonline.com)

MAIL: 7227 N 16th St Ste 262, Phoenix, AZ 85020 ATTN: BOC.