



IAAP Certification & Recertification APPEAL FORM

Certification _____
Certification Exam Date
- OR -
 Recertification _____
Recertification Due Date

IAAP Member/ID Number _____ Nonmember

Date _____

Name (Last/First/M.I.)

Current street address

City

State/Prov

ZIP/PC

Email address

Daytime phone #

Please state the subject of appeal: _____

Details of the appeal

(Please describe your request in detail—attach additional sheets of paper if more space is needed)

I understand that this appeal form will be reviewed by the Certification Administration Committee; I will receive notice from IAAP when a decision has been made. I also understand that the CAP Program's policies regarding appeal processes are provided in the Certification Policies and Procedures Handbook.

Signature or person making the request/appeal

Date

Please attach any and all documentation you have supporting your appeal.

EMAIL: certification@iaap-hq.org
MAIL: IAAP Certification Department
10502 N Ambassador Dr., Ste. 100
Kansas City, Missouri 64153