



IAAP Certification Appeal Form

IAAP Member/ID Number _____ Nonmember

Date _____

Name (Last/First/M.I.)

Current street address

City

State/Prov

ZIP/PC

Email address

Daytime phone #

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 Board and I will receive a letter from IAAP informing me of the Board's decision. 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 documentation supporting your appeal that you want the Certification Administration Board to consider.

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

EMAIL: certification@iaap-hq.org

MAIL: IAAP Certification Manager
10502 N Ambassador Dr., Ste. 100
Kansas City, Missouri 64153