



EXCEPTION REQUEST / APPEAL FORM (Please print)		(TO BE COMPLETED BY THE PERSON MAKING THE REQUEST)
Date:		
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 Certification Appeals Committee and I will receive a letter from NBMTM informing me of the committee's decision. I also understand that 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 Certification Appeals Committee to consider. Please email the completed form and any documentation to: contact@nbmtm.org