

AFAA 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:	
Exam associated with this request:	

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 appropriate Disciplinary and Appeals Committee and I will receive a letter from AFAA informing me of the committee's decision. I also understand that AFAA'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 Disciplinary and Appeals Committee to consider.

Fax, email or mail the completed form and any attached documentation to:

FAX: 913-661-6241

EMAIL: compliance@atitesting.com

MAIL: NASM/AFAA
Attn: Compliance
11161 Overbrook Road
Leawood, KS 66211