



Request for Reconsideration (Appeal)

Definition

A request for reconsideration allows an individual to appeal an adverse non-disciplinary decision made during the exam eligibility, testing, or recertification processes. This policy applies to the following situations:

- Determination of exam ineligibility
- Concerns regarding an unsuccessful exam result
- Test site issues resulting in an unsuccessful result
- Exam rescheduled by the testing vendor
- Medical or personal emergency
- Denial of a recertification application

Request for Reconsideration Submission

A request must be made using the request for reconsideration (appeal) form and submitted to the customer experience manager within 10 business days of receiving the adverse determination. The written request must include date of determination, details of the circumstances, the reason for the appeal (including relevant supporting materials **not previously** submitted), and the individual's email address, postal address, and a phone number at which the individual can be reached.

Review and Determination

The request will be reviewed by the customer experience manager who will obtain and review any additional information relevant to the appeal within 10 business days of receipt of request. The manager shall recuse himself or herself from the appeal consideration if there is any reason for which impartiality might reasonably be questioned or there is actual or apparent conflict of interest.

The customer experience manager will notify the individual of the decision within 5 business days of the determination. The determination will be final. There shall be no discriminatory action against the appellant.

Appeal Determination Impacting Others

Should an appeal be granted on an issue that impacts the eligibility status or examination scores of other candidates, a review or rescoring of all those potentially impacted shall automatically be conducted. The customer experience manager shall notify any individual(s) of the review or rescoring and final decision within 60 days of the decision.



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A request must be made in writing within 10 days of receiving the adverse determination. Requests received after this time frame may not be considered.

Name:	Contact ID Number:	Date:
Email Address:	Date of Decision:	
Consideration Type (exam, recertification, etc.):	Daytime Phone Number:	

Details of the Circumstances:

Additional relevant documentation not previously submitted:

Desired Outcome: