



CPT-RTS₁ Certification Exception Request / Appeals Form

PLEASE PRINT: TO BE COMPLETED BY THE PERSON MAKING THE REQUEST	
DATE:	
YOUR NAME:	
STREET ADDRESS:	
CITY/STATE/ZIP:	
PHONE/EMAIL:	
DETAIL OF THE CPT-RTS₁ CERTIFICATION REQUEST / APPEAL	
<p>Please report your Exception Request\Appeal in as much detail as possible. The Certification Staff may request additional information during the review process. Be assured that your Exception Request\Appeal will be investigated vigorously and impartially. Please attach any documentation supporting your Exception Request\Appeal that you want the Certification Advisory Board (CAB) to consider.</p>	

I understand that once the Exception Request/Appeals form is received by the Certification Staff, candidates/certificants can expect a response in approximately 14 days. Appeal decisions by the CAB are final and are not subject to further appellate review. I also understand that the CAB policies regarding exception request and appeals are provided in detail in the Candidate Handbook.

Signature of person making the request/appeal

Date

Send the completed form and any attached documentation to: FAX: 516.222.0004 or email to contactus@aapte.org