

## APPEALS POLICY

CERTIVATION GmbH is committed to a fair, impartial and timely appeals process. In fulfilling this commitment, no appeal is reviewed by the personnel involved in the adverse certification decisions. Quality Management of CERTIVIATION GmbH is responsible for conducting a constructive, impartial review and to deliver a timely decision.

Adverse certification decisions include denial of eligibility for initial certification, denial of recertification, suspension of certification or revocation of certification, accusations of exam irregularities and/or special testing accommodations denial.

An individual wishing to appeal an adverse decision must submit the appeals form and any additional required documentation within **fourteen (14) calendar days** from the date of the denial.

Information submitted during the appeals process is considered confidential and shall be handled in accordance with the CERTIVATION GmbH's confidentiality policy.

Acknowledgement of receipt of the appeal is sent to the Appellant by email that confirms receipt of delivery within five-(5) days.

During the review process, additional documentation from the appellant may be requested.

Appellants are notified of the decision render within twenty-one (21) days from the appeal's submittal date. The decision rendered shall be final. The maximum number of appeals is one.

## **APPEALS FORM**

CERTIVATION is committed to providing a fair appeals process for any applicant, candidate, or certified person with any adverse outcome of a decision. Submission, investigation, and decision on appeals shall not result in any discriminatory actions against the appellant.

Please see the candidate handbook for information on the appeals process and detailed instructions.

|   |    | 1:   |    | NIa |    |
|---|----|------|----|-----|----|
| А | DD | lica | nτ | Na  | me |

**Email** 

**Telephone Number** 

**Certification Applying For** 

| Select Appeal Type  | Deadline to File          |
|---|---------------------------|
| Denial of Candidate Eligibility                                 | 14 days from notification |
| Denial of Special Testing Accommodations*                       | 14 days from notification |
| Suspension or Revocation of Certification                       | 14 days from notification |
| Denial of Certification Award Due to Examination Irregularities | 14 days from notification |

<sup>\*</sup> A statement from the professional who has diagnosed the disability about why the denial would have negative impact on the applicant's ability to perform successfully on the examination. The documentation must: (a) be printed on the professional's letterhead and (b) be signed and dated by the professional who diagnosed the condition.

Accurately describe in detail the nature of your appeal

By signing below, I understand that the maximum appeals is one and I will abide by the decision granted under this appeal.

**Applicant Signature** 

Date

## FORM SUBMISSION

Complete this form in its entirety and save it using the following naming convention: Last\_First\_AP; then email the completed form with any additional documentation to: feedback@certivation.com

| Confidentiality: | Revision date: | Title of the document: |           |
|------------------|----------------|------------------------|-----------|
| Public           | 19-Oct-2020    | Appeals Form           | Page3 of3 |
|                  |                |                        |           |