

NCTRC Appeal Application



Submission must be within 45 days of denial notification

Date of Appeal:

Name:

Mailing Address:

City:

State/Province:

Zip:

Country:

Preferred Phone:

Email:

Please check if address or contact information has changed

1. Please review NCTRC Appeal Application Procedures and Instructions within the Certification Standards document related to your application process. Please check the grounds for your appeal:

Error in review of requirements by NCTRC staff: Professional Eligibility Application

Error in review of requirements by NCTRC staff: Recertification Application—CTRS ID:

Additional information submission relevant to applicant's education, professional experience, or other denial reason.

2. Describe why you believe the review decision on your application is incorrect:

3. Describe the evidence that you are submitting to sustain your qualifications:

APPEALS APPLICATION DECLARATIONS

THE FOLLOWING SECTION MUST BE SIGNED OR YOUR APPLICATION CANNOT BE PROCESSED

1. I understand that it is my responsibility to demonstrate that an error occurred during the review of my application for NCTRC certification.
2. I understand that the decision of the Standards Review Committee is final unless I prove the decision was an arbitrary and capricious one.
3. I agree to abide by the decision of the Standards Review Committee regarding my qualifications for certification by the National Council for Therapeutic Recreation Certification.
4. I pledge that all information submitted by me in conjunction with this appeal is true to the best of my knowledge and represents my work and qualifications.
5. I understand that any falsification of my qualifications or the circumstances surrounding my appeals for certification will result in a denial of my application for certification now and in the future.
6. I agree to waive all claims and to indemnify NCTRC for any action taken by NCTRC.

Signature (*handwritten or digital*)

Date

National Council for Therapeutic
Recreation Certification®

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