



www.nationaltechexam.org  
 Phone: 314-442-6775  
 Fax: 913-661-6291

### APPEAL FORM

Person requesting the exception:

What specifically are you appealing:

Your name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home phone: _____ Work phone: _____ Email: _____	<input type="checkbox"/> Revocation of certification <input type="checkbox"/> Ability to sit for the ExCPT  <i>For Office Use Only</i> ICPT-assigned Case number/ID: _____
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#### Details of the Appeal

1. Please describe your response to the Standards and Appeals Committee's decision regarding your case. You may attach additional information if necessary. Any statements or affidavits from other individuals must be signed and notarized.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Have you discussed this decision with the Board of Pharmacy?	<input type="checkbox"/> No <input type="checkbox"/> Yes, date: _____ If yes, what was their response: _____ _____
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3. Have you discussed this decision with any other agency(ies)?	<input type="checkbox"/> No <input type="checkbox"/> Yes, date: _____ If yes, what was their response: _____ _____
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I understand this appeal will be reviewed by the Standards and Appeals Committee and their decision will be final.

The above statements are true and accurate to the best of my knowledge. This form must be notarized below.

**Your signature:**

**Please print:** \_\_\_\_\_

**Today's date:** \_\_\_\_\_

**Notary Signature:**

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, being first sworn, disposed and say that I have read the above assignment of application; that I know the contents thereof; and that the facts therein stated are true.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

Technician completing this form: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

Notary Signature \_\_\_\_\_

My appointment expires \_\_\_\_\_

Seal or Stamp

**Documentation necessary for Standards & Appeals Committee to review request:**

1. 3 letters of reference speaking to knowledge of the circumstances and candidate's ability to serve competently as a Pharmacy Tech.
2. Other documentation as appropriate to the situation.

The Standards & Appeals Committee meets twice a month to review exception requests.

All information must be received one week prior to the meeting.

The office can be contacted for the next meeting date.

**This form should be mailed with copies of all supporting documentation to:**

**NHA/ATI Appeals Committee**

**7500 West 160th Street**

**Stilwell, KS 66085**