



## Form for Appeals

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of the Decision you are Appealing: \_\_\_\_\_

(\*\*Please attach a PDF copy of the letter or email that you received.)

Category (please choose one or more)

- Eligibility for Exam Sequence
- Exam Procedures
- Recertification Procedures and/or Decisions

Describe why you are appealing this decision:

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What is the best way to contact you?

- by email: \_\_\_\_\_
- by USPS: \_\_\_\_\_

Please email the completed form to [abmpexam@gmail.com](mailto:abmpexam@gmail.com), or send by certified mail to *Executive Director ABMP / P.O. Box 780518 / San Antonio, TX 78278.*