



NCCT Appeal Form

Applicant Information

Full Name: _____

Certification Exam Title: _____

Candidate ID Number (if applicable): _____

Email Address: _____

Phone Number: _____

Details of Exam Attempt

Date of Exam: _____

Testing Location (if applicable): _____

Exam Delivery Method: ☐ In Person ☐ Online/Remote

Reason for Appeal (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Technical difficulties during the exam | <input type="checkbox"/> Disqualification due to policy violations |
| <input type="checkbox"/> Environmental distractions | <input type="checkbox"/> Appeal of disciplinary decision |
| <input type="checkbox"/> Test irregularity | <input type="checkbox"/> Accommodation-related appeal |
| <input type="checkbox"/> Testing eligibility denial | <input type="checkbox"/> Other _____ |

Explanation of Appeal:

(Please provide a clear and detailed explanation of why you are submitting this appeal. **Attach additional pages as needed.** The more factual and thorough your explanation, the better the Board of Testing can evaluate the appeal.)



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Supporting Documentation (Optional but recommended):

- ☐ Medical documentation
- ☐ Incident reports
- ☐ Witness statements
- ☐ Other: _____

Declaration and Signature

I affirm that the information provided in this Appeal Form is accurate and truthful to the best of my knowledge. I understand that submission of this form does not guarantee approval.

Appeals can take up to 90 days for initial or final decisions.

Signature: _____

Printed Name: _____

Date: _____

Submit to: Appeals@ncctinc.com

***Appeals must be received within 30 days of incident or decision letter.**