

**NASM EXCEPTION REQUEST/APPEAL FORM**  
(Please print)

**(TO BE COMPLETED BY THE PERSON  
MAKING THE REQUEST)**

Date:	
Your name:	
Current street address:	
City/State/Zip:	
Daytime phone:	
Email:	
Exam associated with this request:	

**Details of the Request/Appeal**

Please describe your request in detail (attach additional sheets of paper if more space is needed).

I understand that this exception request/appeal form will be reviewed by the appropriate Disciplinary and Appeals Committee and I will receive a letter from NASM informing me of the committee's decision. I also understand that NASM's policies regarding exception requests and appeal processes are provided in detail in the Candidate Handbook.

\_\_\_\_\_  
Signature of person making the request/appeal

\_\_\_\_\_  
Date

**Please attach any documentation supporting your request/appeal that you want the Disciplinary and Appeals Committee to consider.**

**Fax, email or mail the completed form and any attached documentation to:**

**FAX:** 913-661-6241

**EMAIL:** [compliance@atitesting.com](mailto:compliance@atitesting.com)

**MAIL:** NASM

Attn: Compliance  
11161 Overbrook Road  
Leawood, KS 66211