



**National Academy of Sports Medicine™**  
**APPEAL FORM**  
(TO BE COMPLETED BY THE PERSON MAKING THE REQUEST)

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

**Details of the Appeal**

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

I understand that this appeal form will be reviewed by the appropriate Disciplinary and Appeals Committee and I will receive an email 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

**Email the completed form and any supporting documentation to: [appeals@ascendlearning.com](mailto:appeals@ascendlearning.com)**

\*Please scan and attach any supporting documentation with your completed form.