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**THE STANDARDS REVIEW COMMITTEE
APPEALS APPLICATION**

NAME _____ DATE _____

LAST FOUR DIGITS OF SSN _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ WORK PHONE () _____

FAX PHONE () _____ E-MAIL _____

1. Please review the Standards Review Committee Appeals Application Procedures and Instructions before completing this form. Please check the grounds for your appeal.

- Error in review of qualifications by NCTRC staff
- Additional information that will sustain education and/or experience

2. Describe precisely why you believe the review decision on your certification application is incorrect:

3. Describe the proof you are submitting to sustain your qualifications for certification:

**THE FOLLOWING SECTIONS MUST BE SIGNED OR
YOUR APPLICATION CANNOT BE PROCESSED**

APPEALS APPLICATION DECLARATIONS

- 1. I understand that it is my responsibility to demonstrate that an error occurred during the review of my application for certification.*
- 2. I understand that the decision of the Standards Review Committee is final unless I prove the decision was an arbitrary and capricious one.*
- 3. I agree to abide by the decision of the Standards Review Committee regarding my qualifications for certification by the National Council for Therapeutic Recreation Certification.*
- 4. I pledge that all information submitted by me in conjunction with this appeal is true to the best of my knowledge and represents my work and qualifications.*
- 5. I understand that any falsification of my qualifications or the circumstances surrounding my appeals for certification will result in a denial of my application for certification now and in the future.*
- 6. I agree to waive all claims and to indemnify NCTRC for any action taken by NCTRC.*

Signature

Date