NSCA Appeal Policy

Individuals who wish to appeal a decision based on qualification or certification requirements, exam results, certification expiration or revocation and/or certification policy and procedures may do so following the steps outlined below. All appeals are to be reviewed during the Certification Committee meetings, which take place twice a year. A final decision will be rendered by the Committee, and a letter will be mailed to the individual requesting an appeal. Reinstatement or Certification may be granted upon fulfillment of the Certification Committee's conditions.

Appeal request must include the following:

- Appeal Application with an explanation for the appeal
- Presentation of required documentation (transcripts, Certificates of Attendance, current CPR/AED certification, etc.)
- Relevant supporting documentation (letter from doctor, completed CEUs, etc.)
- Payment of \$25 Appeal Fee*

*Fee will be refunded if appeal is approved or partially approved

Please contact the NSCA if you are unsure if you qualify for appeal, or have questions regarding the process. Appeal documentation and payment for requisite fees, are to be sent to:

Certification – Appeals

National Strength and Conditioning Association

1885 Bob Johnson Drive Colorado Springs, CO 80906

Fax: 1-719-632-6367

Email: recertify@nsca.com

NSCA Appeal Application

All supporting documentation and requisite fees must accompany this form when you submit your appeal request. Incomplete requests will not be accepted.

First and Last Name	Previous CSCS Certification Number	
Mailing Address	Previous NSCA-CPT Certification Number	
City/State	Previous TSAC-F Certification Number	
Zip Code/Country	Previous CSPS Certification Number	
E-Mail Address	Home Phone (please include area code)	

Reason for appeal:

Continued Reason for appeal:		
Please make sure to include all supporting docu	mentation with this a	pplication.
Signature Required		
By signing and dating this form, I attest to the fa application is a true and accurate. I understand reinstatement or issuance of my NSCA certificat	that an appeal reques	
Printed Name		
Signature (REQUIRED)		Date
Please send this form, your supporting docume	ntation, CEU Reportin	g Form (if applicable), and payment
for the \$25.00 appeal fee (in U.S. Funds) to: rec	ertify@nsca.com or N	ISCA Certification, 1885 Bob
Johnson Dr., Colorado Springs, CO 80906. EVER		
applications will be returned to the sender. Ple	• , ,	• •
Visa MasterCard	American Express	Discover
Credit Card Number	Expiration Date	Signature