



ATHLETICS AND FITNESS ASSOCIATION OF AMERICA

**Athletics and Fitness Association of America™  
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 recertification appeal form will be reviewed by the appropriate Disciplinary and Appeals Committee and I will receive a letter from AFAA informing me of the committee’s decision. I also understand that AFAA’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.