



 703-653-0240  
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## Global Counter Insider Threat Professional Appeal Request Form

Name:			
Employer:			
Work Address:			
City/State/Zip:			
Employer:		Work Telephone #:	
Work Email:		Employer POC:	
Employer POC Email:		Employer POC Phone #:	
REASON FOR APPEAL			
Date of appealable event:			
<input type="checkbox"/> Examination Results		<input type="checkbox"/> Certification maintenance and professional development units (PDUs)	
<input type="checkbox"/> Candidate Registration/Eligibility		<input type="checkbox"/> Certification disciplinary matters	
<input type="checkbox"/> Test-Taking Protocols		<input type="checkbox"/> Decisions related to alleged cheating, alleged violation of professional rules of conduct, or inaccurate information on the application form	
Explain the basis of the appeal. (Limit 1,000 words; continue writing on back of page if needed)			
Attach all pertinent documentation with the initial submission so your appeal can be properly reviewed. (Please indicate the type of documentation submitted – check all that apply.)			
<input type="checkbox"/> Score Report		<input type="checkbox"/> Disciplinary Violation Report	
<input type="checkbox"/> Medical Form		<input type="checkbox"/> Alleged Cheating Defense	
<input type="checkbox"/> Complaint Form		<input type="checkbox"/> Other	
ACTION TAKEN (For PMO Only)			
<input type="checkbox"/> Forward to the Certification Appeals Board			
<input type="checkbox"/> Reject the appeal:			
<input type="checkbox"/> Insufficient ground for appeal <input type="checkbox"/> Missed deadline for appeals submission			
<input type="checkbox"/> Return – Incomplete information in the appeals submission			
Comments:			

Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_