COLORADO METROPOLITAN CERTIFICATION BOARD
5440 Roslyn Street, Bldg. 5, Ste. 200,
Denver, CO 80216
720.865.4071

If you wish to make an appeal regarding any aspect of the testing process or test questions, you must do so prior to leaving the room (written) or testing site (practical). In accordance with Section 1.501 of the Policy and Procedure Manual: *the appeal must clearly outline the issue with times, dates, witnesses, curriculum scores, etc. Any alleged violation of certification policies must identify specific policies. It shall be the sole responsibility of the candidate to initiate the appeals process. You may also have the opportunity to appeal your test results (see Section 1.505).*

WRITTEN/PRACTICAL APPEAL FORM

Date: _____ Test Name/Version: _____

Agency: _____ Evaluator: _____

REASON FOR WRITTEN APPEAL
(List question number, choices and reason you feel this question should be appealed. Please be specific.)

Question #: _____

Choices: _____

_____

_____

_____

Reason: _____

_____

_____

_____

Approved/Denied: _____

_____

_____

_____

Name: _____ _____
Sign Print

WRITTEN/PRACTICAL APPEAL FORM (page 2)

Question #: _____

Choices: _____

Reason: _____

Approved/Denied: _____

Question #: _____

Choices: _____

Reason: _____

Approved/Denied: _____

Name: _____ _____
Sign Print

WRITTEN/PRACTICAL APPEAL FORM (page 3)

If you wish to make an appeal regarding any aspect of the testing process or test questions, you must do so before you leave the room (written) or testing site (practical).

Date: _____ Test Name/Date: _____

Agency: _____ Evaluator: _____

REASON FOR PRACTICAL APPEAL

Test Station#: _____

Basis for Appeal: _____

Reason: _____

Desired Outcome: _____

Approved/Denied: _____

Name: _____ _____
Sign Print