

Appendix G: RIMS-CRMP Certification Appeals Form

RIMS-CRMP Certification Appeals Form

Name of Person Filing an Appeal: _____
First Name Last Name

Contact Information: _____
Email Phone

Are you RIMS-CRMP certified?: (Circle One) Yes No

Please select the option that best describes the reason for your appeal:

- Denial of Eligibility
- Disputed Exam Results
- Denial of Recertification
- Other

The request for appeal must be submitted in writing via the RIMS-CRMP Certification Appeals Form within 30 business days of the receipt of the decision related to the complaint. Complaints returned after 30 business days will be returned.

All requests for appeals must be submitted to the RIMS-CRMP Certification Department at RIMS-CRMP@RIMS.org.

Please provide detailed information regarding your appeal:

The RIMS-CRMP Certification Department will acknowledge receipt of your appeal within 2 business days of receipt of this form.

| FOR RIMS-CRMP OFFICE USE ONLY | |
|-------------------------------|---|
| Date Received: | Date of Decision: |
| Received by: | Decision of RIMS Certification Program: |
| Reviewed by: | |