CBIC®
Certification Board of Infection Control and Epidemiology, Inc.

Appeal Request Form

Name:
Address:

Candidate ID #:

What are you appealing? (mark with an 'X')	Eligibility:
	Examination Score:

Explanation:

Once you have completed this document with any and all supporting documents email to: info@cbic.org.
Appeals will be reviewed upon receipt, please allow up to two weeks (business days) for a decision or a request for further information in regards to your appeal.

X _____
Signature
Last, First Name & Date

555 E Wells Street
Suite #1100
Milwaukee, WI 53212

PHONE (414) 918-9796
FAX (414) 276-3349
E-MAIL info@cbic.org
WEB SITE http://www.cbic.org