

MRFC Certification Program Exception Request/Appeal Form

PLEASE PRINT: TO BE COMPLETED BY THE PERSON MAKING THE REQUEST	
DATE:	
NAME:	
STREET ADDRESS:	
CITY/STATE/ZIP:	
PHONE/EMAIL:	
DETAIL OF THE MRFC CERTIFICATION PROGRAM EXCEPTION REQUEST/APPEAL	
Administrator may rec Exception Request\Ap	Request\Appeal in as much detail as possible. The MRFC Certification quest additional information during the review process. Be assured that the opeal will be investigated vigorously and impartially. Attach any documentation cion Request\Appeal for the MRFC Program Appeals Committee to consider.

I understand that once the Exception Request/Appeals Form is received by the MRFC Certification Administrator, I can expect a written response in approximately 30 to 45 days. Appeal decisions by the MRFC Certification Program Appeals Committee are final and not subject to further appellate review. I also understand that the MRFC policies regarding Exception Request / Appeals Form are provided in detail in the Candidate Handbook.

Signature: person making the Exception/Appeal Request

Date

Date

Received by: MRFC Administrator

Fax, email or mail the completed form and any attached documentation to:
Fax: (513) 345-9479
Email: MRFC@IARFC.org
Mail: MRFC, Attention MRFC Administrator, P.O. Box 506, Middletown, OH 45042