

## **Request for Consideration or Review**

Candidate Information		Date:	
Candidate ID			
Name			
Company Name			
Street Address			
City	State	Zip	
Email address (required)			
Office Telephone	Mobile Telepho	Mobile Telephone	
Which credential are you inquiring about	ut? □HCS-D ICD-10	□HCS-O □HCS-H □HCS-C	
Request type			
Please check below the reason why you are contact contacted by a BMSC representative within 10 busing			
□ Appeal  Certification holders and candidates can reques	et a RMSC review of decic	one made or actions taken related to	
the following (check all that apply):	St a bivisc review of decisi	ons made or actions taken related to	
☐ Test administration ☐ Test results ☐ Certification status (censure, suspension, rev☐ Denial of continuing education credits ☐ Description of problem/concern: (Please provid why you want BMSC to review).	le a detailed explanation of		
*NOTE: ONLY the four above topics will			
□ Extension to complete continuing educat			
□ Natural disaster: In the event of bad weather.	-		
outage)  Medical or Personal Emergency: A medical of from completing the recertification requirements emergency may apply to you or one of your immediate the Family Medical Leave Act. Documentation (you could not complete the recertification requirements)	or personal emergency is a s for maintaining your cred mediate family members; s (i.e. doctor's note, emerge	n unplanned event that prevents you ential(s). A medical or personal pouse, child, or parent as defined by	
*Note: If the certification holder has met one of certification eligibility period, and is approved the			
<ol> <li>First Approved Request for an Extension -</li> <li>Second and Final Approved Request for an extension will be authorized.</li> </ol>		or an additional 30 days). No additional	
For guidelines, requirements, and remedies availab Handbook.	le to you for the above top	ics, please see the BMSC Candidate	