# Request for Consideration or Review

## Candidate Information

Date: _____

Candidate ID _____

Name _____

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Email address (required) _____

Office Telephone _____ Mobile Telephone_____

**Which credential are you inquiring about?** ❑HCS-D ICD-10 ❑HCS-O ❑HCS-H ❑HCS-C

## Request type

Please check below the reason why you are contacting AHCC, with a brief description of the issue. You will be contacted by a AHCC representative within 10 business days to address your concern.

### ❑Appeal

Certification holders and candidates can request a AHCC review of decisions made or actions taken related to the following (check all that apply):

❑Test administration
❑Test results
❑Certification status (censure, suspension, revocation)
❑Denial of continuing education credits

Description of problem/concern: (Please provide a detailed explanation of the event or action that occurred and why you want AHCC to review). _____
_____
_____
_____

***NOTE: ONLY the four above topics will be reviewed for an Appeal.**

### ❑Extension to complete continuing education requirements for recertifications (Check all that apply):

❑Natural disaster: In the event of bad weather, a natural disaster, or another emergency (for example: a power outage)
❑Medical or Personal Emergency: A medical or personal emergency is an unplanned event that prevents you from completing the recertification requirements for maintaining your credential(s). A medical or personal emergency may apply to you or one of your immediate family members; spouse, child, or parent as defined by the Family Medical Leave Act. Documentation (i.e. doctor's note, emergency room forms, obituary) showing why you could not complete the recertification requirements will be required.

**Note: If the certification holder has met one of the above special circumstances, requests an extension for a certification eligibility period, and is approved the extension, the fees that apply are:*

1.) First Approved Request for an Extension - $75 (valid for 45 days)
2.) Second and Final Approved Request for an Extension - $150 (valid for an additional 30 days). No additional extension will be authorized.

For guidelines, requirements, and remedies available to you for the above topics, please see the AHCC Candidate Handbook.