

Request for Exception to Policy

In order to request any exception to policy, you must complete and return this form to the NCCPA. You must also include a **personal statement** about the circumstance(s) that prevented, or will prevent, you from being able to comply with the policy requirements and appropriate verifiable **supporting documentation**.

Where can we reach you regarding this request?

Name: _____ NCCPA ID#: _____

Address: _____

This is my permanent address.
Please update my NCCPA record.

This address should only
be used for correspondence
regarding this request

Phone: _____ Home Work Other

Email: _____

Check the appropriate box(es) next to the type of extenuating circumstance(s) that prevented you from being able to comply with the policy:

- Personal Medical Issues Family Medical Issues Death in the Family
- Legal/Personal Issues Inclement Weather Military Deployment
- NCCPA Technical Issues NCCPA Error

Check the appropriate box(es) next to the exception(s) you are requesting. Please consult the [Policies Governing the Consideration of Requests for Exceptions to Policy](#) at for guidance as to what kinds of requests NCCPA will consider:

- Extension to log CME credits only Extension to earn & log CME credits Fee Waiver
- Extension to take PANCE or PANRE (circle one) Fee Refund Waiver of 90-day wait
- Extension of Exam Grievance Timeframe Extension of CME Audit Timeframe
- Other _____

Provide your personal statement below or attach typed personal statement with this request:

Consideration will not be given to your request unless you provide the required verifiable documentation and, in all cases, the decision as to whether the circumstance(s) qualify for an exception to policy will be at the sole discretion of the NCCPA. By signing this form, you consent to NCCPA’s verification of the authenticity of the documentation that you have submitted and you authorize and request disclosure of the information requested by NCCPA in relation to this request for an exception to policy, including the release of protected health information by a treating provider who has submitted documentation in support of your request, to the extent relevant to verification of information provided by you. By signing below, you certify that you have read and understand NCCPA’s *Policies Governing the Consideration of Requests for Exceptions to Policy*.

Signature: _____ Date: _____

Please email, fax, or mail your completed form, including your personal statement, and supporting documentation as follows:

- **Email:** reviewandappeals@nccpa.net
- **Fax:** 678-417-8135; Attention: Review and Appeals Department
- **Mail:** NCCPA, Attention: Review and Appeals Department, 12000 Findley Road, Suite 100, Johns Creek, GA 30097

Please allow up to 45 business days for processing requests. If you have any questions, please visit our website at: <http://www.nccpa.net/Legal> or call us at 678-417-8100.