

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 **supporting documentation** (see second page).

Where can we reach you regarding this request?

Name: _____ NCCPA ID#: _____ This is my permanent address.
 Address: _____ Please update my NCCPA record.
 _____ This address should only be
 _____ used for correspondence
 Phone: _____ Home Work Other regarding this request.
 Email: _____

Check the appropriate box(s) 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 Issues Inclement Weather Military Deployment
 Other _____

Check the appropriate box(s) next to the exception(s) you are requesting:

- Extension to log CME hours only Extension to earn & log CME hours Extension to pay a fee
 Extension to take PANCE or PANRE (circle one)
 Other _____

Provide your personal statement (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.

Signature: _____ Date: _____

Request for Exception to Policy Form Procedures

Please read the procedures below for submitting your request for an exception to policy.

1. Complete the *Exception to Policy Request form* on page 1.
2. Gather the verifiable supporting documentation. Listed below are only examples of what may be considered verifiable supporting documentation:
 - a. Letter signed by the treating physician on his/her company letterhead. The letter must specifically state the nature of the medical issue, that the doctor is the treating physician, the length of time the physician has been treating you or your family member, and how the medical condition prevented you from complying with the policy. *Note: We do not accept letters from PA co-workers, nurses, hospital records, procedure notes, medical reports, discharge instructions, bills, etc.*
 - b. Copy of the death certificate *or* of the obituary, which lists you as a relative of the deceased.
 - c. Copy of your military orders, which lists the dates of your deployment; or
 - d. Letter signed by the Commanding Officer on military letterhead, which specifically states that due to the military obligation you were not able to comply with the outstanding requirement, (i.e. taking an exam, CME earning or logging, etc.) *It must have a signature.*
 - e. Copy of court issued documents which confirm the date(s) in question and why you were not able to comply with the policy.
 - f. Letter signed by the attorney on his/her company letterhead, which specifically states that due to the legal issue you were not able to comply with the policy.
 - g. When inclement weather affected only you, you must submit proof of the incident along with a signed request via the e-mail, fax or mail. Note - if the incident was on mass scale, such as Hurricanes Katrina and Ike, you do not have to submit documentation; however, you must still submit a completed *Exception to Policy form*.
3. 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
 - **Mail:** NCCPA, Attention: Review and Appeals Department, 12000 Findley Road, Suite 100, Johns Creek, GA 30097

Please allow up to 30 days for processing requests. If you have any questions, please visit our website at <http://www.nccpa.net> or call us at 678-417-8100.