

Certification Exam Appeals Form Instructions

Appeals Form

Complete the attached form. Forward this form with your signature to ISCD Headquarters marked "Personal and Confidential," attention Certification Director.

ISCD
342 North Main Street
West Hartford, CT 06117
Phone: 860.586.7563
Fax: 860.586.7550
www.iscd.org

Procedures

The following procedures will govern how the Certification Appeals Committee (CAC) operates. These procedures are subject to modification by the Certification Council (Council).

Individuals who receive an adverse decision (do not pass) on a Certification Exam will be notified of the appeals process. The notice shall inform the individual that they have the right to seek reconsideration of the exam results by filing a timely written request for appeal with the Council. To be valid, the appeal must be sent by registered mail or overnight courier and must be received by the Certification Administrator within 30 calendar days after receipt by the individual of notice of the exam results. If a request for appeal is not received within 30 days, the results of the exam shall constitute the final result.

The CAC shall be the first level of review for all exam adverse decisions. The CAC shall consist of three current ISCD Certification Council members with at least one clinician and one technologist. The ISCD Board shall be the final level of review. (See below.)

All appeals must be in the form of a written request and contain rationale for the appeal. Appeals must contain a statement of why the individual believes that the adverse decision was improper and must include any supporting documentation that the individual wishes to have considered as part of the appeal.

All calls or inquiries concerning certification appeals will be directed to the ISCD Certification Administrator.

Once a request has been received, the Certification Administrator will note in the ISCD database the date of receipt.

Within two weeks of receipt, the appeal letter will be forwarded to the CAC along with supporting materials. Supporting materials could be the associated (Clinician or Technologist) Bone Densitometry Syllabus, copy of the exam or other materials as might be deemed appropriate.

The CAC will have two weeks to process the appeal. The process to be used for discussion of the appeal could be:

- E-mail exchanges between subcommittee members
- Telephone conference scheduled by the Certification Administrator

The CAC shall review the request for appeal and any supporting documentation and based on established Council policy may take one of the following actions:

- Affirm the exam results;
- Reverse the exam results; or
- Seek further information from the individual.

The CAC will appoint one member of the subcommittee to record the discussion and report a decision to the Certification Administrator.

Within one week of receipt of the subcommittee decision, the Certification Administrator will issue a letter to the person who requested the appeal. The letter will outline the rationale behind the subcommittee's decision.

The ISCD Board shall be the final level of review for all exam adverse decisions. The same process as outlined above will be used for this appeal level. The Board's decision shall constitute the final decision of the ISCD on the matter.

All decisions of the CAC are fact-specific and will not be considered as precedent setting unless the modification or waiver is adopted by the Council.



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Using this form

This form is designed as a document you can open in your word processing application. To complete the form, place your cursor in the blank field and key in your information. The boxes will expand to accommodate the volume of information you provide. If additional information or documentation is required, attach it to this form and forward to the ISCD as directed.

Section 1: Your Contact Information	
Name:	
Mailing Address:	
E-Mail Address:	
Telephone Number:	

Section 2: Appeal Information	
Summarize the nature of the appeal. Copies of pertinent documentation attached, if appropriate.	
Staff Recommendation (if any)	

Forward this form and any accompanying documentation with your signature to ISCD Headquarters marked "Personal and Confidential," attention Certification Director.

Signature: _____ Date: _____

For ISCD Office Use Only	
Date of Receipt:	
Date Appeal sent to CAC:	
Returned from CAC:	
Appeal Decision:	
Communication Sent:	