



Exception Request / Appeal Form

Person requesting the exception:

Your name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home phone: _____
Work phone: _____
Email: _____

Details of the Request / Appeal

1. Please describe your request or response to the Standards and Appeals Committee's decision (if applicable) regarding your case. You may attach additional information if necessary. Any statements or affidavits from other individuals must be signed and notarized.

2. Have you discussed this decision with any licensing boards?	<input type="checkbox"/> No <input type="checkbox"/> Yes, date: _____ If yes, what was their response:
3. Have you discussed this decision with any other agency(ies)?	<input type="checkbox"/> No <input type="checkbox"/> Yes, date: _____ If yes, what was their response:

I understand this exception request / appeal will be reviewed by the Disciplinary and Appeals Committee. Consult the Candidate's Guide for a detailed policy.

The above statements are true and accurate to the best of my knowledge. This form must be notarized below.

Your signature: _____ Please print: _____	Today's date: _____
<p>Notary Signature:</p> <p>State of _____</p> <p>County of _____</p> <p>Candidate completing this form: _____</p> <p>Subscribed and sworn before me this ____ day of _____, in the year ____.</p> <p style="text-align: right;">Notary Signature _____</p> <p style="text-align: right;">My appointment expires _____</p> <div style="border: 1px solid black; width: 150px; height: 30px; margin: 20px auto; text-align: center;">Seal or Stamp</div>	

Documentation necessary for Standards & Appeals Committee to review request:

1. 3 letters of reference speaking to knowledge of the circumstances and candidate's ability to serve competently.
2. Other documentation as appropriate to the situation.

This form should be mailed with copies of all supporting documentation to:

**Attn: Compliance
 NHA
 11161 Overbrook Road
 Leawood, KS 66211**