

APPEAL FORM

Individuals wishing to appeal a decision made by the CMVA/ ACVM should complete this form through our website at www.cmva.com . When this form is completed online it is submitted to the Executive Director who will review the circumstances of your appeal and, as appropriate, will direct it to the head of the appropriate committee. Appeals are investigated and evaluated fairly and a written response will be provided to you as quickly as possible.

Date: _____

Name of appellant: _____

Phone: _____

Email: _____

Certification Number: _____

Certifying Body: _____

Category: _____

Nature of the Appeal: _____

Description of Evidence: _____

CMVA/ ACVM Use Only:

Signature of Reviewer: _____ Date Reviewed: _____

Action: _____
