

## NCCPT Certification Exception/Appeal Form

### Personal Information

First Name	
Last Name	
Phone Number	
Email	
Street Address	
City	
State	
Country	
Zip Code	

### Nature of Request (Select only one)

Recertification

Exam Eligibility

Exam Performance

Special Accommodations/Other

### Certification

Certification	Certificate Number	Expiration Date
Certified Yoga Instructor		
Certified Personal Trainer		
Certified Indoor Cycling Instructor		
Certified Group Exercise Instructor		
Certified Strength Training Specialist		

**Please provide a comprehensive explanation of the request, including all relevant details.**

By my signature below, I acknowledge that the information provided herein is correct and accurate and that I understand this exception/appeals request will be reviewed by the NCCPT Certification Board, in accordance with policies as posted in the Candidate Handbook and that decision of the Board are final.

Name  Signature  Date

Please email this form and additional documentation if applicable to [support@nccpt.com](mailto:support@nccpt.com).

Revised February 2025