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## 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?

- No  
 Yes, date: \_\_\_\_\_  
If yes, what was their response:

\_\_\_\_\_  
\_\_\_\_\_

3. Have you discussed this decision with any other agency(ies)?

- No  
 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.

<b>Your signature:</b> _____ <b>Please print:</b> _____	<b>Today's date:</b> _____
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**Notary Signature:**

**State of** \_\_\_\_\_

**County of** \_\_\_\_\_

**Candidate completing this form:** \_\_\_\_\_

**Subscribed and sworn before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **in the year** \_\_\_\_\_.

**Notary Signature** \_\_\_\_\_

**My appointment expires** \_\_\_\_\_

Seal or Stamp

**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  
7500 West 160th Street  
Stilwell, KS 66085**