

## CCA Appeal Form

This form is to be completed and emailed to the ICCA office, who will then forward to the CCA's Local Board. Forms need to be filed as soon as possible after being notified of CCA status being terminated. The ICCA Program has the authority to request additional information if needed.

Name: \_\_\_\_\_

CCA Number: \_\_\_\_\_

Local Board Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Direct Supervisor Name: \_\_\_\_\_

Email for Direct Supervisor: \_\_\_\_\_

Phone for Direct Supervisor: \_\_\_\_\_

CCA was unable to earn CEUs during this CEU cycle:

\_\_\_\_\_ to \_\_\_\_\_  
CEU Cycle Start Date CEU Cycle End Date

**Reasons for Appeal: (check all that apply and/or describe the reason)**

- Maternity / Paternity / Parental Leave
- Accident
- Planned or unplanned medical procedure
- Active Military Duty
- Time off from employment due to job change and/or relocation
- Other please describe (attach more info in separate document):

By signing you give permission to the ICCA Program to contact your employer and anyone else connected to this request to verify information. You understand that untrue or misrepresented information is a violation of the CCA Code of Ethics and could result in termination of CCA status.

\_\_\_\_\_  
CCA Signature

\_\_\_\_\_  
Date

**Office use only**

**Board Decision:**

\_\_\_\_\_ Approve

\_\_\_\_\_ Needs to make up CEUs

\_\_\_\_\_ Does not need to make up CEUs

\_\_\_\_\_ Deny

**Notes:**

\_\_\_\_\_  
Board Representative Signature