



Nationwide Multistate Licensing System Approved Course Provider Appeal Request Form

Purpose – This form is to be used to appeal the violations of the Standards of Conduct for Course Providers and/or other provider policies, Course Provider Approval Suspension/Revocation, or other sanctions and remedial actions imposed by SRR. Please consult the [Administrative Action Procedures](#) for detailed information about the appeal process.

Directions – Please complete all fields below. The completed form can be emailed to MTEBInvestigations@csbs.org. Requests with incomplete information will not be considered.

Section I. Contact Information

Approved Provider Name:		Approved Provider ID:	
Contact Name:			
Street Address:			
City:		State:	Zip:
Phone:		Email:	

Section II. Appeal Request

Please identify what you wish to appeal:
<input type="checkbox"/> Violation of the Standards of Conduct for Course Providers and/or other provider policies
<input type="checkbox"/> Course Provider Approval Suspension/Revocation
<input type="checkbox"/> Other sanction or remedial action

Section III. Basis for Appeal

The Administrative Action Procedures state “The Appeal Committee may determine that a finding by SRR of a violation of the Course Provider Standards of Conduct was inappropriate only because of: (1) material errors of fact, or (2) failure of the investigator(s) to conform to published criteria, policies, or procedures.” Please identify the basis for your appeal:	
<input type="checkbox"/> Material errors of fact	<input type="checkbox"/> Failure of the investigator(s) to conform to published criteria, policies or procedures

Describe, in detail, the basis for your appeal as defined above. Be as complete as possible in your description. Please include any documentation related to your appeal request.



I certify that the information provided on, or with, this form is true and correct to the best of my knowledge.

Signature: _____

Date: _____