



**RIMS-CRMP Certification Program Appeals Form**

Name of Person Filing the Appeal:

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First Name

Last Name

Contact Information:

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Email

Phone Number

Are you currently a RIMS-CRMP: (Circle One)

**Yes**   **No**

Please Select the Option that Best Describes the Nature of Your Appeal:

Denial of Eligibility

Disputed Exam Results

Denial of Recertification

Other

Please provide detailed information regarding your appeal:

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*Please submit this form to the Certification Department at [RIMS-CRMP@rims.org](mailto:RIMS-CRMP@rims.org)*

*The RIMS-CRMP Certification Department will acknowledge receipt of your appeal within 2 business days of receipt of this form.*



<i>FOR RIMS-CRMP OFFICE USE ONLY</i>	
<i>Date Received:</i>	<i>Date of Decision:</i>
<i>Received by:</i>	<i>Decision of RIMS Certification Program:</i>
<i>Reviewed by:</i>	

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