

# CMCI APPEALS FORM

Which program are you filing an appeal for?

- CCM
- CMIT
- CMIT Level 2
- CMIT Level 3
- CMIT Level 4

## Section I: Appellant Information

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

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

Individuals who wish to submit an appeal must have first exhausted their remedies with CMCI staff. Requests for an appeal must be made no later than 30 days after the action in question has occurred.

Within 60 days of the receipt of the written appeal, the Board of Governors, Ethics, Grievance, Disciplinary, & Appeals Committee, CMIT Committee, or appropriate decision-making body will conclude its deliberations and notify the appellant of the decision by letter or email. The appropriate CMCI decision-making body shall perform a thorough investigation with appropriate vendors and/or parties if needed. For example, CMCI may review results from your examination, including: your responses, any recordings from your examination, psychometric reports, and technical reports from the proctor/test center. The appropriate CMCI decision-making body shall decide as to whether it will uphold the adverse decision or not, or order other action that it deems necessary. CMCI's decision is final and cannot be appealed.

This form should be submitted to CMCI in writing or via email to [certification@cmaanet.org](mailto:certification@cmaanet.org).

## Section II: Appeals Criteria

### Appeals concerning the CCM or CMIT levels 1-4 can be made for:

Exam:

- The technical accuracy and grading of the exam questions
- Fairness of the execution of the testing procedures

Application Review and Eligibility:

- Clarification on project experience
- Fairness of the execution of application procedures
- Reference selection

Certification Renewal:

- Denial of recertification points

### Applicants/candidates cannot appeal:

- Actions taken by CMCI in setting a passing score
- Established eligibility requirements
- Testing policies and procedures
- CMCI's review of individual test items
- Fees and deadlines
- CMCI's decision regarding an appeal

## APPEALS FORM CONTINUED

### Section III: Nature of the Appeal

Select the criteria for your appeal:

Application Review/Eligibility

Examination

Certification Renewal

Please describe the criteria for which you are appealing:

### Section IV: Evidence and Support for the Appeal

Please describe and attach any evidence to support your appeal:

## APPEALS FORM CONTINUED

### Section V: Appeals Agreement

By checking the box and signing your name in the space provided below, you agree to the CMCI policies and procedures and understand that the decision of the Board of Governors is final and binding as to all matters related to your appeal:

- I agree that this appeals form shall be interpreted and governed by the laws of the Commonwealth of Virginia, without regard to conflicts, principles, and exclusive jurisdiction for any legal proceeding resides in federal or State court in Northern Virginia, and the parties agree and expressly consent to the exercise of personal jurisdiction in the Commonwealth of Virginia.
- I hereby certify that I have read all portions of the Application Handbook that corresponds with my appeal and believe I am in compliance with all policies related to the corresponding examination.
- I attest that I adhere to CMCI's Professional Conditions and Conduct and understand that any false statement or misrepresentation that I may make in the course of the appeals process may result in the revocation of this appeal, application, and/or certification.
- I hereby attest that I am personally signing this Appeals Form and that I understand that I am prohibited from transmitting information regarding any CMCI examination questions or content in any form to any person or entity and understand that failure to comply with this prohibition may result in my credential being revoked and/or legal action being taken against me.
- I fully understand that this is a request for appeal and does not guarantee a favorable outcome. Furthermore, I agree to provide any documentation related to this appeal and support an investigation by the Board of Governors or any of its Committees in regards to this appeal. Should my appeal be unsuccessful, I agree that the appeal fee is non-refundable.
- I agree that CMCI is the sole owner of the CCM, CMIT, CMIT Level 2, CMIT Level 3, and CMIT Level 4 designations. My use of any of CMCI's designations is pursuant to a revocable, non-transferable license from CMCI. I will not take any actions which are inconsistent with CMCI's ownership rights, including challenging those rights.
- I agree to inform CMCI immediately of all changes to the information included in this appeal from the date submitted and thereafter.

- I have read, understand, and agree to be bound by the certification-related policies and procedures, Appeals Agreement, as well as the Conditions and Conduct promulgated by the Board of Governors. I understand and agree that any false statements, misrepresentations, or my failure to abide by the Board's policies and procedures and Conditions and Conduct shall constitute grounds for rejection of my appeal or denial of my certification.



Appellant Signature

Date

# APPEALS FORM CONTINUED

## Section VI: Appeal Fees and Payment Method

The fee to submit an appeal is \$25 for any CMIT level and \$55 for CCM. Payment of this fee is required for processing this appeal. Check payments shall be sent to the following address with a copy of this form:

**Construction Manager Certification Institute**  
**200 Lawyers Road NW, #1968**  
**Vienna, Virginia 22183**

Please Print Appellant's Name: \_\_\_\_\_

CMIT (\$25)

CMIT Level 2-4 (\$25)

CCM (\$55)

If paying by check (make payable to CMCI, or Construction Manager Certification Institute)

If paying by credit card:

American Express

Master Card

Visa

Card # \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_