



Level 1 Appeal

This form will be accepted through Dec. 31, 2025.

Contact DANB with any questions at 1-800-367-3262 or email professionalconduct@danb.org.

Mail to: DANB
Attn: Professional Conduct
444 N. Michigan Ave., Suite 900
Chicago, IL 60611

Email to: professionalconduct@danb.org
(Do NOT submit twice or you will be charged twice.)

Policy

If a candidate/certificant wishes to appeal a DANB decision regarding certification or recertification, they may submit a Request for Reconsideration (Level 1 Appeal form), supporting documentation, and a \$50 nonrefundable appeal fee to DANB within 30 days of the date on the DANB correspondence that prompts the candidate/certificant to appeal (e.g., date on the letter indicating the candidate's application was incomplete, date on letter indicating certificant's failure on recertification audit). Requests for a reduction or waiver of an exam-related fee, such as a processing or rescheduling fee, must be received within 30 calendar days of the last day of the testing window for an exam. *DANB's Appeal Policy and Procedures* document governing appeals is available at www.danb.org.

Appeal Request

Please state rationale for the appeal or attach a statement separately:

Attach any other supporting documentation that you would like DANB to consider.

Candidate/Certificant Information

Name _____ DANB ID _____
Email (required) _____
Home Address _____ City _____ State _____ Zip _____
Phone Number _____

I hereby officially request reconsideration of an adverse decision by DANB. **I understand a \$50 nonrefundable appeal fee and supporting documentation are required** with this request. I hereby affirm the information provided is true and correct.

Signature X _____ Date X _____

Payment Information

Candidate/Certificant Name _____ Appeal Fee
\$50 (3417)
 Check/Money Order payable to DANB (must include candidate/certificant name and be in U.S. dollars)
 Credit Card Authorization (VISA, MasterCard, Discover & American Express accepted) Amount \$50.00 _____
Credit Card Number _____ CVV _____ Expiration Date _____ / _____
Cardholder's Name _____ Cardholder's Signature X _____
Cardholder's Billing Address _____
City/State/Zip _____ Phone Number _____

By signing, the cardholder acknowledges purchase of the aforementioned services by DANB in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. Furthermore, the cardholder understands that the signature obtained on this form shall be used to indicate receipt of purchase of the services by DANB.