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Appeals must be submitte	d within 6 months of	the examination date to be considered.	
In	ntelliGenesis LI	C Candidate Appeal	
Name:		Date:	
Date of Exam:		Candidate ID:	
Examination:		Item # (optional):	
Phone:		Email:	
Signature:			
	lude, but is not limited	d to, the nature of the appeal, the facts, supporting al sheets if needed and attach):	





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REVIEWED BY:	Certification Commission (as needed)	DATE:
ACTION:		

