



CJCP[®]

Appeals Request Application

JCR anticipates that there may be some candidates who feel they are eligible for CJCP, but for specific reasons, do not meet the eligibility requirements. By completing the following Appeals Request, you are formally asking JCR to review your request below and make a decision as to whether or not your Appeal should be granted so that you are awarded a waiver of special circumstances.

Upon completion of this form, please return it electronically to cjcp@jcrinc.com. You will receive a formal written response as to the approval or denial within 30 days after deliberation.

Should your application be approved, you will have 30 days to submit your formal application for CJCP from the date of your formal approval letter.

Please return this application to: cjcp@jcrinc.com

Formal Request for Appeal Submitted By:

Requestor's Name:

Title:

Current Credentials:

Organization:

Address:

City, State, Zip:

Email:

Telephone:

Please check the CJCP eligibility requirements that you **do not** currently meet:

I do not have a **Bachelor's degree or higher** with current employment at a hospital, organization, system level for at least two (2) years in an accreditation preparation, assistance, coordination, management, or maintenance role.

Or

I do not have an **Associate's degree or higher** with current employment at a hospital, organization, system level for at least five (5) years experience in an accreditation preparation, assistance, coordination, management, or maintenance role.

I am not a **Registered Nurse** with current employment at a hospital, organization, system level for at least five (5) years experience in an accreditation preparation, assistance, coordination, management, or maintenance role.

Please provide narrative comments below as well as an explanation to those items that you checked above.

Within your request, please provide the reason for your request, your current employment, your reason for seeking CJCP, and any other special requests. We encourage you to use this opportunity to “state your case” and prove why your application should be processed and why a special waiver should be considered. Please use the space below for your submission only. Requests should be limited to the space provided.

Appeal Comments:

Appeal Comments (continued)

Respectfully submitted,

(signature)

(date)