



Certified Healthcare Internal Audit Professional™

Appeal Form

Nature of Appeal

Please provide a brief description of the adverse decision you are appealing:

Allegations of the Appeal

Provide details of your allegation (names, dates, and other specific information) relevant to your appeal.

Supporting Documentation

Attach supporting documentation to validate allegations referenced above. Indicate below the type(s) of supporting documentation provided. **Please redact all sensitive information.**

Certification of Appeal

I, the complainant, certify that the information provided above is true and accurate to the best of my knowledge.

Signature

Date

Complainant Information (Individual Making the Appeal)

Please Note- This section must be completed. If left blank the appeal will not be considered and will be closed.

Name:

Address:

Phone:

Email:

Appeal Form must be mailed to:

AHIA Certification Program – Appeals, One Parkview Plaza, Suite 800, Oakbrook Terrace, IL 60181