APPEAL REQUEST FORM

All requests for Appeal must be made within 30 days of receipt of notification of failure in the case of all written exams or 2 hours after the completion of any oral examination by contacting:

AOBP @ (312) 202-8267

I, ________________________________, do formally request an appeal of my AOBP examination in ________________________________, which was administered on ________________________________.

I have read and understand the terms and conditions for appeal as set forth in the American Osteopathic Board of Pediatrics (AOBP) Appeal Policy.

This appeal is based on the following:

Signature:
Date: