



THE NATIONAL EXERCISE & SPORTS TRAINERS ASSOCIATION EXECUTIVE CERTIFICATION BOARD

HAND SCORED EXAM REQUEST FORM

Today's Date _____

Course/Program Title _____

Course/Program Type: _____

Contact Information

Company Name _____

Contact Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Business Phone _____ Home/Cell Phone _____

Company Website _____

Email _____

Fax _____

Reason for request (provide evidence/justification in a few sentences)

Checklist

Did you include each of the following items?

- Completed Hand Scored Exam Request Form
- \$25 appeals fee

Mail to: NESTA ECB Appeals
30245 Tomas
Rancho Santa Margarita, CA 92688

Payment info: Credit Card Money Order Company Check

Credit Card Number _____ Expiration Date _____

CVV Code _____

Signature _____

Call 1-877-348-6692 ext 210 if you have questions or concerns about filling out the appeals application