

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

NREMT Appeals Committee  
National Registry of Emergency Medical Technicians  
[Address of NREMT]  
[City, State, Zip Code]

Dear NREMT Appeals Committee,  
Subject: Appeal for [specific issue, e.g., denial of  
certification/application]

I am writing to formally appeal the decision regarding my [specific  
application, certification, etc.] dated [date of decision]. My NREMT  
identification number is [your NREMT ID].

[Briefly explain the reason for the original decision and any relevant  
details or context.]

I believe that the decision may have been based on [specify any  
misunderstandings or errors]. [Provide specific supporting evidence,  
documents, or statements that validate your claim.]

I respectfully request a reevaluation of my case based on the information  
provided. I am committed to upholding the standards of the NREMT, and I  
appreciate your consideration of my appeal.

Thank you for your attention to this matter. I look forward to your  
response.

Sincerely,

[Your Name]  
[Your Signature (if sending a hard copy)]