

## Identifying Information

Advocis ID no.

Mr.  Ms.  Miss  Mrs.

First Name Initial Last Name

## Mailing Address

This address is:  Business  Home

Preferred Mailing Address:

Company Name

Street Address

City Province Postal Code

Business Telephone Fax

E-mail Address

## Grounds for CE Exemption

I hereby apply for an exemption from the annual designation requirement of continuing education (CE) for the following reason:

Maternity/Parental leave  Medical grounds/Necessity  Other \_\_\_\_\_

I have attached the following written confirmation to substantiate my application for a CE exemption as indicated above:

## Type of CE Exemption

Please check one of the following:

- I hereby apply for a full exemption – I did not complete any CE credits. **OR**
- I hereby apply for a partial exemption – I have completed the number of credits listed below and require an exemption for the difference of the annual requirement.

**Credits completed:** \_\_\_\_\_ **Total credits to be waived:** \_\_\_\_\_ **Year requested for:** \_\_\_\_\_

## Affirmations

- I hereby apply for an exemption for the ongoing designation requirement of CE credits as indicated above.
- I understand that I can only be exempt on an annual basis, that year being the year listed within this application.
- I understand that all CE exemptions are handled on a case by case basis and require the approval of The Institute.
- I hereby attest that my grounds for the exemption and all information provided within this application are true and accurate.

Signature \_\_\_\_\_

Date MM / DD / YYYY

## Send Completed Form To:

**Fax To:** (416)444-8031

**OR**

**Mail To:** The Institute  
Attn. Shirley Taylor  
10 Lower Spadina Avenue, Suite 700  
Toronto, ON M5V 2Z2  
(416) 444-5251 or 1-800-563-5822

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