

Continuing Education (CE) Exemption Application Form

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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