

Continuing Education (CE) Exemption Application Form

Identifying Information

Preferred Title Prefix (Mr., Mrs., Ms., etc.) _____ Advocis ID no.

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First Name _____ Initial _____ Last Name _____

Mailing Address This address is: Business Home

Company Name _____
Street Address _____
City _____ Province _____ Postal Code _____
Telephone _____ Fax _____ Cell _____
Email 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.

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 _____