The Institute™
for Advanced Financial Education

Send Completed Form To:
Email: info@iafe.ca

Mail To: The Institute
10 Lower Spadina Ave,
Suite 600,
Toronto, ON
M5V 2Z2

Continuing Education (CE) Exemption Application Form

Identifying Information

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

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:

☐ Parental leave ☐ Medical grounds ☐ 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 _____

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