



Continuing Education (CE) Exemption Request Form

Please scan and email a completed version of this form with your supporting documents to inform@fpsc.ca. Alternatively, you may fax a completed version of this form with your supporting documents to 416.593.7412.

Section A

▶ I am requesting an exemption from the CE requirements for the calendar year:

▶

Registrant ID Number		
First Name	Middle Name(s)	Last Name

▶ Preferred Mailing Address:

Phone:

Fax:

E-Mail:

Section B

▶ All Exemption Request Forms must be accompanied by sufficient supporting documentation. Please indicate the reason for your CE exemption request by selecting one of the following options:

<input type="checkbox"/> Long/Short Term Disability	Start Date (mm/dd/yy) <input style="width:100%;" type="text"/>	End Date (mm/dd/yy) <input style="width:100%;" type="text"/>
<input type="checkbox"/> Maternity Leave	Start Date (mm/dd/yy) <input style="width:100%;" type="text"/>	End Date (mm/dd/yy) <input style="width:100%;" type="text"/>
<input type="checkbox"/> Medical/Sick Leave	Start Date (mm/dd/yy) <input style="width:100%;" type="text"/>	End Date (mm/dd/yy) <input style="width:100%;" type="text"/>
<input type="checkbox"/> Other Extenuating Circumstances (please attach explanatory details)		



Registrant ID Number

Section C

▶ Please check one the following:

- Did not complete any CE credits for the specified year.
- Completed partial credits and would like an exemption for the shortfall.
Please indicate the number of credits completed for the specified year below.

REPORTED:
(10 non-verifiable & 20 verifiable)

TOTAL CREDITS WAIVED: *Office Use Only

If you were unable to complete the full 30 CE credits for the specified year in which you are requesting an exemption, please ensure that you complete the online CE reporting form detailing the CE activities you have completed, and submit your CE supporting documentation separately. The online CE reporting form can be found on your profile on the FPSC Portal at www.fpsc.ca.

Section D

▶ I understand and agree to abide by the following terms and conditions:

- ▶ All decisions by FPSC to grant exemptions are made on a case-by-case basis and are purely discretionary.
- ▶ All exemption requests must be applied for on an annual basis.
- ▶ If an exemption is granted, it is only for the calendar year requested.
- ▶ I have read the exemption policy outlined in the [FPSC Continuing Education Guidelines](#).
- ▶ All information contained in this exemption request form and all accompanying supporting documentation is true, to the best of my knowledge and ability.

Any contravention of the above-noted terms will result in the immediate revocation of any Continuing Education exemption granted by FPSC and may result in disciplinary action being taken by FPSC.

Signature

Date (mm/dd/yy)

Check if you have included the required supporting documentation:

- Doctor's/medical note
- Baby's birth certificate (copy)/adoption papers (copy)
- CE supporting documentation
- Explanatory letter