

Continuing Professional Competencies Program Request for Special Consideration to Reduce Professional Development Requirements

I am a CIPHI member who is not practicing full time, and not able to meet the requirements of the PD program as readily as those practicing full time. I am requesting special consideration from CoPE to have my PD requirements reduced as per the CoPE Guideline, due to:

- | | |
|--|--|
| <input type="checkbox"/> Unemployment
<input type="checkbox"/> Maternity/Paternity Leave
<input type="checkbox"/> Part-time Employment | <input type="checkbox"/> Enrolled in Full-Time Educational Program
<input type="checkbox"/> Health/Disability
<input type="checkbox"/> Other (specify) _____ |
|--|--|

MEMBER INFORMATION	
Name:	Certificate No:
Mailing Address:	
City:	
Country:	Postal Code:
Email:	
Tel:	Fax:
COMMENTS (Description of Circumstances) Please give details and dates, attaching additional sheets as necessary.	
Reason for Reduction:	

Applicant's Signature _____ Date _____

This request for reduction of PD requirements has been reviewed by CoPE and has been
 Approved for a reduction to _____ PDHs per year
 Not Approved

CoPE Representative _____ Date _____
 CoPE shall keep all information provided on this application in confidence.