

## 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:

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|--|--|
| <input type="checkbox"/> Unemployment<br><input type="checkbox"/> Maternity/Paternity Leave<br><input type="checkbox"/> Part-time Employment | <input type="checkbox"/> Enrolled in Full-Time Educational Program<br><input type="checkbox"/> Health/Disability<br><input type="checkbox"/> Other (specify) _____ |
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MEMBER INFORMATION	
Name:	Certificate No:
Mailing Address:	
City:	
Country:	Postal Code:
Email:	
Tel:	Fax:
<b>COMMENTS (Description of Circumstances) Please give details and dates, attaching additional sheets as necessary.</b>	
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.