Continuing Education Exception Request Form

Please complete and fax or mail form to CSI:

Fax: 1 (866) 866-2660 (Canada & USA) or 416-359-0486

Address: 200 Wellington Street West, 15th Floor
Toronto, ON, M5V 3C7

PERSONAL INFORMATION ***Mandatory Information*** (Please use CAPITAL letters.)

Student Number : | | | | | | | | | **Identity Verification:** Birthdate (yyyy/mm/dd): | | | | | | | | |

First Name: _____ Last Name: _____

Gender: ○ Male ○ Female Language preference for communication: ○ English ○ French

Preferred Email Address: _____ Alternate Email Address: _____

Home Telephone: | | | | | | | | | | Business Telephone: | | | | | | | | | |

Business Address

Employer : _____ Direct Manager: _____

Street Address: _____ Suite/Floor: _____

City: _____ Province: _____ Country: _____ Postal Code: _____

I am requesting an exception from the Continuing Education Requirements for the _____ Designation due to:

☐ **Maternity Leave** ☐ **Illness/Disability** ☐ **Other Circumstances**

Year and Length of Exception Requested: _____

Please provide details explaining the need for the exception.

_____

_____

_____

I have attached the following documents to support the need for an exception at this time.

_____

_____

I, the undersigned state that the information contained in this request is accurate and permit CSI to verify any information provided in this request.

Signature: _____ **Date:** _____

I, the undersigned, believe that the _____ (Name of Designation) designate submitting this request should be entitled to the exception.

Name of Supervising Manager: _____

Contact Information: _____

Signature: _____