

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: O Female O Male O Non-Binary Language preference for communication: O English O French
Preferred Email Address: Alternate Email Address:
Home Telephone:
Business Address (If applicable: Branch Transit Number: Employee Number:)
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: