

# CONTINUING EDUCATION PROGRAM

## EXEMPTION REQUEST FORM

| REGISTRANT INFORMATION       |  |                 |  |
|------------------------------|--|-----------------|--|
| <b>Name and Designation:</b> |  | <b>User ID:</b> |  |
| <b>Job Title:</b>            |  |                 |  |
| <b>Industry of Practice:</b> |  |                 |  |
| <b>Area(s) of Practice:</b>  |  |                 |  |

| EXEMPTION INFORMATION   |   |  |  |
|---|---|--|--|
| <b>Reason for Exemption:</b>  | <input type="checkbox"/> Parental Leave           | <input type="checkbox"/> Medical Leave |  |
|   | <input type="checkbox"/> Compassionate Care Leave | <input type="checkbox"/> Other         |  |
| <b>Please provide additional relevant details to support your exemption request:</b>                                      |   |  |  |
|   |   |  |  |
| <b>Length of Leave:<br/>(Estimated if not known)</b>  |   |  |  |
| <b>Start Date of Leave:</b>   |   | <b>End Date of Leave:</b>              |  |
| <b>Note:</b> If granted, exemptions will apply to one full Reporting Year (July-June) and must be reapplied for annually. |   |  |  |

| DECLARATION  |  |              |  |
|--|--|--------------|--|
| I hereby declare that the information presented above is true to the best of my knowledge and that I have not withheld any information that may have a bearing upon the consideration of this application. |  |              |  |
| <b>Signature:</b>  |  | <b>Date:</b> |  |

Once complete, please submit the exemption request form to [cep-exemption@egbc.ca](mailto:cep-exemption@egbc.ca)

Note: Additional documentation supporting your exemption request can be included as an attachment to this form.