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# CC CREDIT ADJUSTMENT REQUEST FORM - PARAMEDICINE LEAVE

*This form is for use by regulated members taking a medical leave from practice (physical or psychological in which they do not have the capacity to complete CC requirements) to apply for a credit adjustment during their leave from practice.*

- **Regulated members are still required to complete annual registration renewal in order to keep an active permit.**
- **Members who submit this form will have a condition placed on their practice permit stating they are on self-declared leave from practice (all settings).**
- **All request forms must be submitted by *September 15* in order for College administration to review prior to the registration renewal deadline (September 30 at 4 pm).**

## PERSONAL INFORMATION & LEAVE DETAILS

Name \_\_\_\_\_ RO number \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_

Leave beginning date: \_\_\_\_\_ Leave ending date\*: \_\_\_\_\_  
*\*For leaves with no fixed end date, put undetermined and the College will follow-up.*

Please briefly describe the circumstances of your leave:

## DECLARATION

- I declare that I am taking a leave from practice and will not be working in the profession at any capacity.
- I declare that due to my incapacity, I am not able to fully complete the College’s Continuing Competence requirements.
- I understand a condition will be placed on my practice permit stating that I am on a self-declared leave from practice.
- I understand the condition will not be removed until I notify the College of my return to practice.

I acknowledge and agree to the above declaration

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date