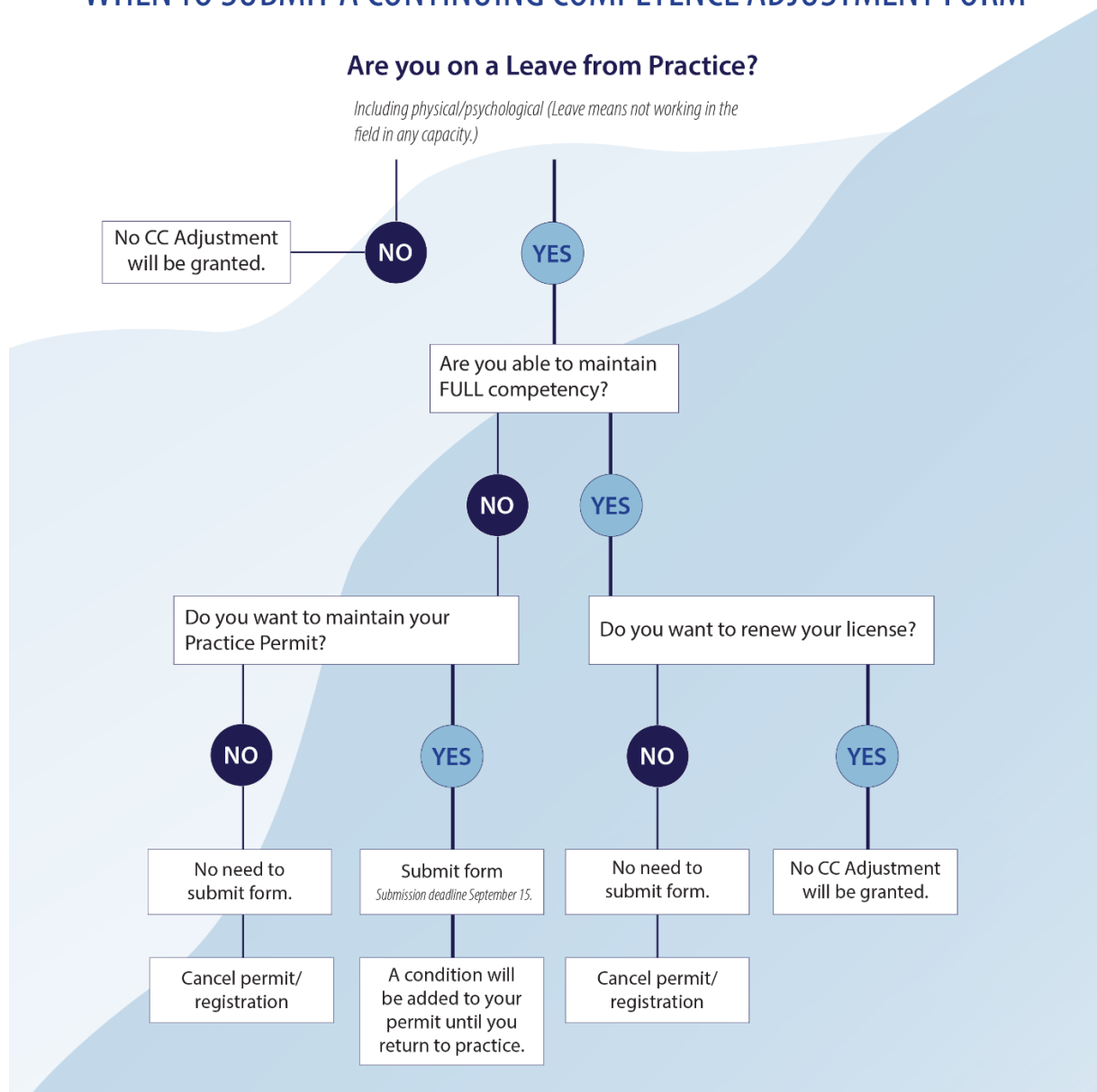


SELF-REPORTED LEAVE FROM PRACTICE – CC CREDIT ADJUSTMENT REQUEST FORM

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.

Use This Flowchart to Help Determine Whether You Fit the Criteria of a Credit Adjustment:

WHEN TO SUBMIT A CONTINUING COMPETENCE ADJUSTMENT FORM



SELF-REPORTED LEAVE FROM PRACTICE – CC CREDIT ADJUSTMENT REQUEST FORM

- Regulated members are still required to complete annual registration renewal in order to keep an active permit.
- Members who submit this form have taken a Self-declared leave from practice (physical or psychological in which they did not have the capacity to complete CC requirements) and are requesting the Registrar to approve the waiving of CC credits. Members currently on leave will have the condition displayed on their practice permit.
- 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 self-declared leave from practice.
- I understand the condition will not be removed until I notify the College of my return to practice. Failing to have the condition end-dated prior to returning to work may result in Registrar review and permit status implications.

☐ I acknowledge and agree to the above declaration

Signature

Date