

**REQUEST FOR SPECIAL CONSIDERATION
 TO REDUCE CONTINUING PROFESSIONAL DEVELOPMENT (CPD) REQUIREMENTS**

I am a Professional Member who is not practicing full time, and not able to meet the requirements of the CPD program as readily as those who are practicing full time. I am requesting special consideration from the Practice Review Board to have my Professional Development Hours (PDH) requirements reduced as per the CPD Guideline, due to:

- | | |
|---|--|
| <input type="checkbox"/> Under- or Un-Employment | <input type="checkbox"/> Part-Time Employment or Semi-Retirement |
| <input type="checkbox"/> Maternity/Parental Leave | <input type="checkbox"/> Enrolled in Full-Time Educational Program |
| <input type="checkbox"/> Health/Disability | <input type="checkbox"/> Other (specify) _____ |

PERSONAL INFORMATION

Member number: M _____

Legal Name

Mr. Ms. Dr.

Surname Given Names in Full (NO Initials)

Preferred Name

Surname Common Names and/or Initials

Preferred Address

Street

City Province Postal Code

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Telephone Fax E-Mail

COMMENTS

Description of my circumstances – why I wish to apply for special consideration. (Please give details and dates, attaching additional sheets as necessary).

Date _____ Signature _____

Please mail, fax, or email this completed form to:

APEGGA Professional Practice Department
 1500 Scotia One
 10060 Jasper Avenue
 Edmonton AB T5J 4A2
 Fax: 780-426-1877

