

**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

( ) \_\_\_\_\_  
Telephone Fax E-Mail

\_\_\_\_\_  
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:

APEGA Professional Practice Department  
1500 Scotia One  
10060 Jasper Avenue  
Edmonton AB T5J 4A2  
Fax: 780-426-1877  
Email: [rainsworth@apega.ca](mailto:rainsworth@apega.ca)