

REQUEST FOR CPD SUBMISSION EXTENSION

Registrant's Name: _____ Professional Designation: _____

Please provide a detailed explanation of why you are unable to complete your CPD portfolio:

Please outline your detailed plan for earning CPD credits, including projected dates of completion should your request be approved:

Please provide any supporting documentation for this request (Medical/employer letters, etc.):

Complete details and supporting documentation provided by you will enable the Credentials Committee to make a timely decision. Please provide any additional information to support your request.

Please check this box as confirmation that you are aware your request for extension will not be reviewed until the required extension fee is paid. An electronic invoice, with payment instructions will be sent to you. A decision on extension will not be communicated until fees are paid.

COMMITTEE USE ONLY

Date: _____ Approval (Y/N): _____

Rationale for decision: