



Practice Review Board

**REQUEST FOR SPECIAL CONSIDERATION
TO REDUCE CONTINUING PROFESSIONAL DEVELOPMENT REQUIREMENTS**

You may request to have the Practice Review Board reduce your Continuing Professional Development (CPD) hours requirements for the below circumstances. Please refer to the CPD Program Guideline at www.apega.ca/cpd for details of the mandatory CPD program requirements.

CIRCUMSTANCES

- Underemployment or Unemployment
- Part-Time Employment or Semi-Retirement
- Maternity or Parental Leave
- Enrolled in Full-Time Educational Program
- Health or Disability
- Other (specify) _____

PERSONAL INFORMATION

Member number: M _____

Legal Name

Mr. Ms. Dr.

Legal Last Name

Legal First and Middle Names in Full (NO Initials)

Preferred Name

Preferred Last Name

Preferred First and Middle Names

Preferred Address

Street

City

Province

Postal Code

Telephone

E-Mail

REASON FOR CONSIDERATION

Explain the reason for requesting special consideration. Please give details and dates, attaching additional sheets as necessary.

Date _____ Signature _____

Update your CPD records through the Member Self-Service Centre at members.apega.ca **before** you submit your form for approval.

Email your completed form to to SpecialConsideration@apega.ca.