**APPLICATION FORM TO REQUEST AN EXEMPTION FROM MANDATORY CONTINUING EDUCATION**

The representative who is ill, on parental leave, or who is a caregiver may be exempted from continuing education. They must be absent for at least 4 consecutive weeks. The period of time they require to progressively return to their practice may not be exempt. The request must be made using this application form and the required supporting documents must be attached.

When the request is processed, the decision will be emailed to the representative within 15 business days. Any request that is incomplete will not be processed and will be returned to the representative.

**SECTION A - IDENTIFICATION OF THE REPRESENTATIVE**

**Last name:** Click here to enter text **First name:** Click here to enter text

**AMF certificate number:** Click here to enter text

**Address:** Click here to enter text **Phone:** Click here to enter text **Email:** Click here to enter text

**Gender:** [ ]  Female / [ ]  Male **Language spoken:** [ ]  English / [ ]  French

**SECTION B – MOTIVE AND JUSTIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **REASON FOR ABSENCE (SELECT ONE)** | **START** | **END** | **SUPPORTING DOCUMENT(S)** |
| [ ]  Caregiver  | Click to select a date | Click to select a date | A document attesting the status of caregiver, including the duration of this status |
| [ ]  Preventive leave | Click to select a date | Click to select a date | Medical proof with the dates of the preventive leave |
| [ ]  Sick leave | Click to select a date | Click to select a date | Medical proof with the dates of the leave or a copy of the letter from the insurer confirming the representative is receiving indemnity allowances |
| [ ]  Sick leave | Click to select a date | [ ]  For an undetermined period. | Medical proof with the dates of the leave or a copy of the letter from the insurer confirming the representative is receiving indemnity allowances |
| [ ]  Maternity | Click to select a date | Click to select a date | Copy of the child’s birth or adoption certificate |
| [ ]  Paternity  | Click to select a date | Click to select a date | Copy of the child’s birth or adoption certificate |
| [ ]  2nd maternity/paternity | Click to select a date | Click to select a date | Copy of the child’s birth or adoption certificate |
| [ ]  Permanent disability | Click to select a date | Not applicable | Letter from Retraite Québec or from the physician communicating the decision rendered |

**APPLICATION FORM TO REQUEST AN EXEMPTION FROM MANDATORY CONTINUING EDUCATION (continued)**

**ADDITIONAL INFORMATION**

Click here to enter text.

**DECLARATION OF THE REPRESENTATIVE**

I declare that the information in this application and annexed documents is true.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Click here to select a date |
| Signature of the representative |  |  | Date |

**OR**[ ]  I understand that checking this box constitutes a signature that has legal force.

**SEND THIS COMPLETED APPLICATION AND THE SUPPORTING DOCUMENT(S) TO:**

**Email**: dispense@chambresf.com or **Fax**: 514 282-3418