

Form A: CCP Deferral or Accommodation

To Be Completed By Registrant

Registrant Information

Name:

Registration Number: Date:

Email:

Phone Number:

Instructions

If you require a deferral or accommodation for a component of the Continuing Competence Program, please complete the following form and submit to practice@nsotr.ca.

Additional information may be requested to support your request.

1. This request applies to:

- ☐ Annual Competence Maintenance
- ☐ Competence Maintenance e-Learning Module
- ☐ Competence Maintenance Audit
- ☐ Competence Review
- ☐ Competence Improvement

2. I am requesting:

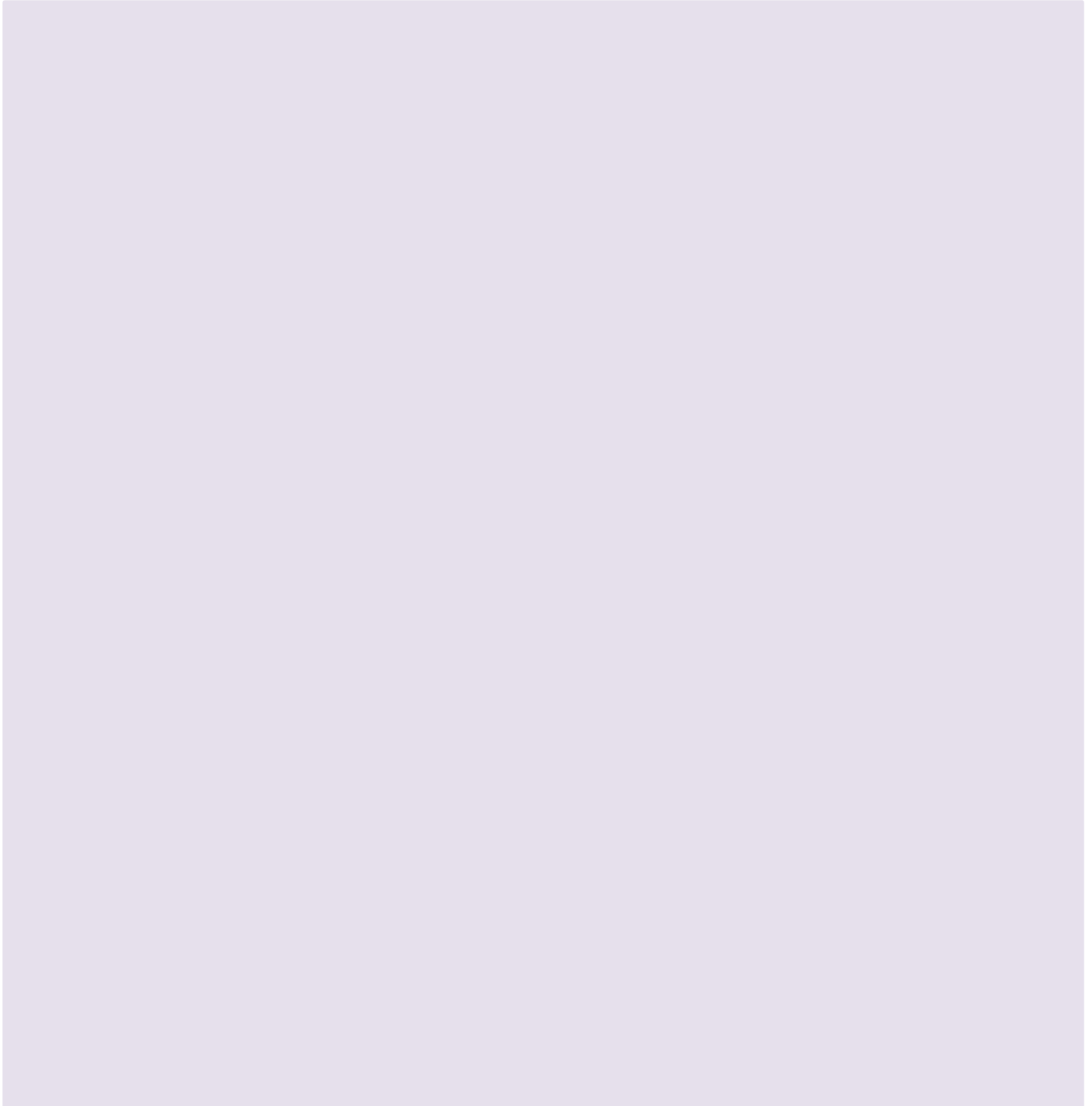
- ☐ A deferral
- ☐ An accommodation

3. Reason for the request:

- ☐ Medical condition/disability
- ☐ Extenuating circumstances
- ☐ Not currently practicing/working*
- ☐ On parental leave*
- ☐ On leave of absence*
- ☐ Other

*Competence Review Only

4. **For Deferral Requests:** Please provide any further details below:



NSOTR staff will contact you once the Form A has been reviewed to request further information and/or provide a determination for your request.