

## Form A: CCP Deferral or Accommodation

### To Be Completed By Registrant

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#### Registrant Information

Name:

Registration Number:  Date:

Email:

Phone Number:

#### Instructions

We recognize that personal factors may impact your ability to participate in a portion of the CCP at this time. Please complete the following form to request a deferral or accommodation for a CCP requirement. 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

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