

Form A: CCP Deferral or Accommodation

To Be Completed By Registrant

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

*Competence Review Only

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