

# 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

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](mailto: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:

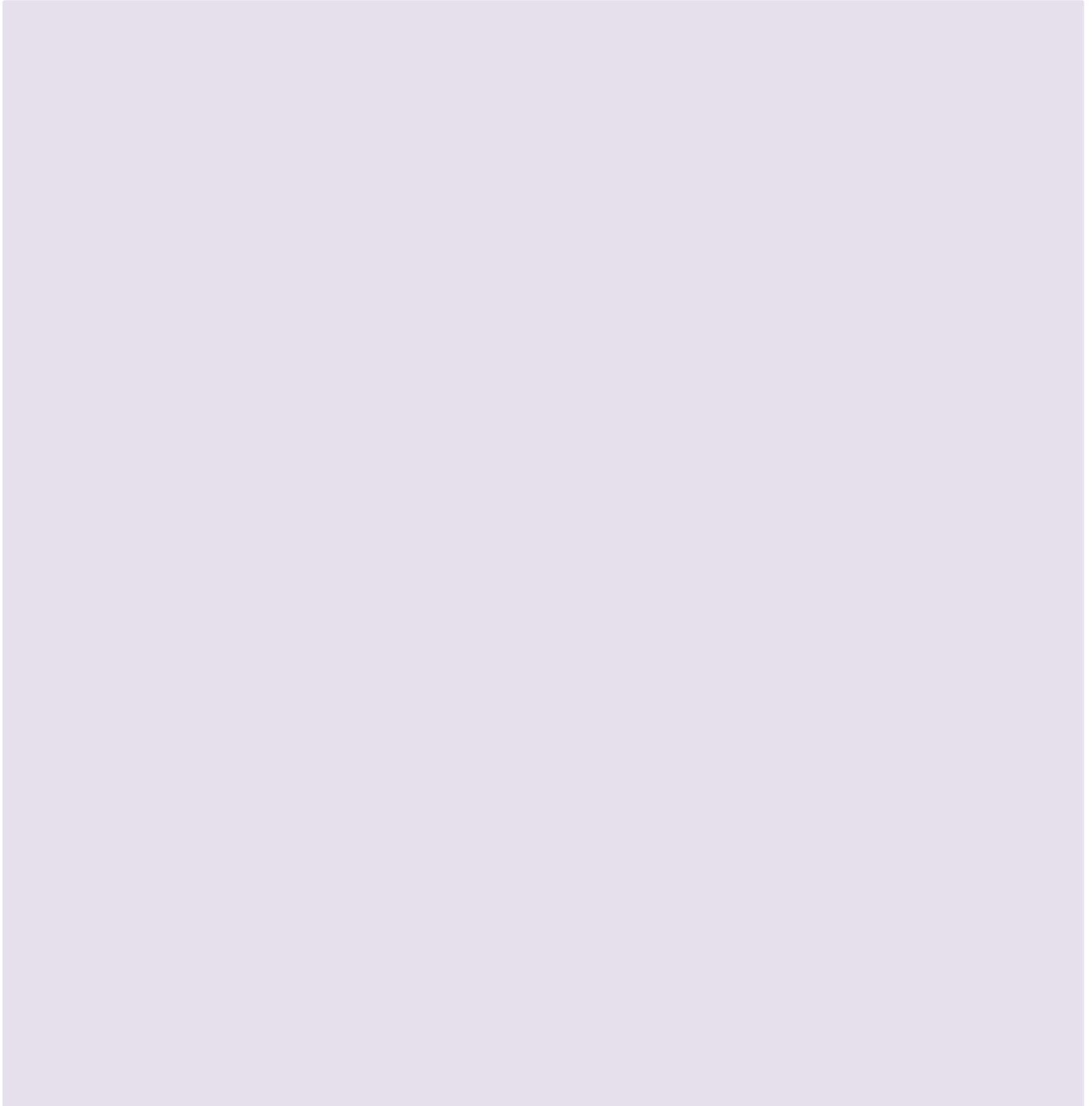
- A deferral
- An accommodation

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.**