PHYSICIAN REQUEST FOR CONTINUING EDUCATION EXEMPTION

Licensee’s Name ____________________________________________________________
(Please print)

License Number ____________________________________________________________
(Please print)

I hereby request an exemption from the current continuing education (CE) requirement:

I am requesting this exemption under (check one):

_____ 1) Catastrophic illness
   ○ Please attach a written statement (and additional documentation as needed) that clearly establishes the period of disability and resulting physical limitations.

_____ 2) Military service of longer than one year’s duration outside the state
   ○ Please attach copy of military orders.

_____ 3) Residence of longer than one year’s duration outside the United States
   ○ Please attach a written statement of explanation.

_____ 4) Good cause
   ○ Please attach a written statement (and additional documentation as needed) that provides evidence why you are unable to comply with the requirement for CE.

I understand that this exemption request is subject to approval.

__________________________________________  ____________________________
Licensee’s Signature                                Date