Board of Licensed Prof. Counselors & Therapists / 3218 Pringle Rd SE #250 / Salem, OR 97302-6312 / [503] 378-5499

REQUEST FOR CONTINUING EDUCATION (MEDICAL) WAIVER

Submit to Board prior to Renewal Date

Name: ____________________________________ License No(s): _____________

With my signature below, I am requesting:

[ ] Waiver of _____ continuing education hours for the dates _________ to ________ . I have completed _____ hours of distance (hrs)/supervision (hrs) hours (attached).

or

[ ] Additional time to complete and document _____ continuing education hours to total the 40 hours required for my birth month renewal in_____. I have completed _____ hours of distance (hrs) /supervision (hrs) hours (attached).

or

[ ] To be allowed to document additional supervision hours or distance learning hours as follows to meet the conditions of renewal on _____. My plan is as follows:___________________________

____

____

____

Following (or attached) is a summary and chronology of the medical illness/disability that has prevented me from completing the 40 hours of continuing education required for renewal:

____

____

____

____

My medical condition/situation and the approximate dates, are verified by the attached signed statement(s) from the following medical care provider(s):

____

____

____

I swear/affirm the above is a true and accurate explanation.

____

Signature of Licensee Date of Request

Approved:

[ ] Waiver of ______ hours

[ ] Extension until _________________ to document completion of _________ hours that may not be claimed for my birth month renewal in ________.

[ ] Other:_______________________________

Board of Licensed Professional Counselors & Therapists

by____

Board Member/Representative

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