

Board of Licensed Prof. Counselors & Therapists
3218 Pringle Rd SE #250
Salem, OR 97302-6312

REQUEST FOR CONTINUING EDUCATION WAIVER

Submit to Board prior to Renewal Date

Name: _____ License No(s): _____

First renewal date for which waiver is requested: _____.

Estimated period away from practice: _____ mos. from _____ to _____
Date Date

Reason for discontinuing practice:

Retired Maternity Voluntarily not practicing because _____

CONDITIONS

With my signature, I agree to the following, upon which this waiver is based:

- I am not currently practicing counseling or marriage and family therapy. I have no clients, nor do I offer counseling, therapy, consultation or supervision services and I will not be practicing for an **extended period** of time for the reasons noted above.
- I understand that this waiver, as long as it is in effect, constitutes an exemption for filing a continuing education report as part of license renewal.
- I understand that a written request to return to practice is required and cancels my ongoing waiver of continuing education as a condition for renewal of licensure.
- I will not resume practice of any kind without written permission from the Board, which will be dependent upon entering into an agreement to complete continuing education as a condition of my return to practice.
- I understand that the Board does not meet often and I may have to delay my return to practice while the Board processes my request and develops a plan setting forth the conditions for approval or that I may be required to complete some continuing education hours before my request is granted.
- I understand that failure to adhere to the conditions set forth in this waiver are grounds for disciplinary action by the Board including, but not limited to, suspension of license for failure to complete continuing education.

IT IS SO AGREED:

Signature of Licensee

Date of Application

IT IS SO ORDERED:

Date: _____

Board of Licensed Professional Counselors & Therapists
by:

Board Member/Representative

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