



CPD Exemption Form

All practicing members are subject to the mandatory continuing professional development requirements set out in Rule 6.17 (the "Requirements").

Members may be eligible for an exemption from the requirements due to parental leave, illness or other circumstances falling within the Human Rights Act, 2010 S.N.L. 2010, c. H-13.1, or due to additional circumstances as the vice president, or a designate, deems appropriate. Members seeking an exemption must complete and submit this confidential form'

If approved, members will be granted an abridgment of the requirements based on 1.25 hours for every full calendar month in which they are on leave from practice in a calendar year.

Name:

Law Society Roll Number:

Email:

Telephone:

I solemnly declare that I will not be, or have not been, engaged in the practice of law from the period beginning on (dd/mm/yyyy) and ending on (dd/mm/yyyy) . I have chosen not to change my status from the practicing status category and therefore am subject to the requirements. I am seeking this exemption from the requirements because of:

- Parental leave (please attach a letter from your employer confirming leave from employment for the above time-period, or a medical note confirming the birth or estimated date of birth)
- Illness (please attach a medical note confirming that you were unable to practice for the period specified)
- Other:

Please sign below and attach any additional documentation or information that is relevant to your application.

I confirm that the facts contained in this application are true.

Electronic Signature

This document may be executed by an electronic signature, which may include a person's digital signature or a person's typed name in the space provided below, and such signature shall have the same effect as a handwritten signature. If the signature is a typed name, the document should be delivered from an email account associated with the person signing in this fashion.

Signature: _____ Date (dd/mm/yyyy):

Please email your completed form to churley@lsnl.ca.