

## BACKGROUND

A registrant who has imminent extenuating circumstances preventing them from making an examination attempt within their first and/or third examination attempt deadline may submit an extension request in accordance with the [Examination Extension Policy](#).

## INSTRUCTIONS FOR COMPLETION

1. Download and save this fillable form.
2. Complete all sections of the form and sign the document.
3. Save the document.
4. Gather appropriate supporting documentation for your request.
5. Email the completed form and supporting documentation to [registration@crpo.ca](mailto:registration@crpo.ca).

**Important:** Please save this fillable form to your computer, then open with Adobe Reader prior to completing it. If you fill out the form in your web browser, contents may not be saved.

## 1. PERSONAL INFORMATION

Full Name: \_\_\_\_\_ CRPO Registration No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## 2. REASONS FOR EXTENSION REQUEST

My extension request is related to the following (select one or more that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Incomplete education program                            | <input type="checkbox"/> Bereavement of close relative or spouse |
| <input type="checkbox"/> Personal or family emergency                            | <input type="checkbox"/> Being victim of a crime                 |
| <input type="checkbox"/> Injury, or physical or mental illness                   | <input type="checkbox"/> Parental leave                          |
| <input type="checkbox"/> Other extenuating circumstances (please specify): _____ |  |

Please provide a detailed description of your selection(s) above, including how your circumstances are impacting your ability to make an examination attempt within your first and/or third examination attempt deadline. If more space is required, attach additional pages.

### 3. EXTENSION REQUESTED

I wish to defer my deadline until the following exam sitting: \_\_\_\_\_  
(select Spring or Fall – select year)

### 4. SUPPORTING DOCUMENTATION

I am including the following supporting documentation in my extension request (select one or more that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Signed letter from educational program           | <input type="checkbox"/> Death certificate/ notice of death |
| <input type="checkbox"/> Signed note/letter from health care professional | <input type="checkbox"/> Signed note/ letter from lawyer    |
| <input type="checkbox"/> Signed letter from employer                      | <input type="checkbox"/> Police report                      |
| <input type="checkbox"/> Signed letter from supervisor                    | <input type="checkbox"/> Plane ticket (emergency travel)    |
| <input type="checkbox"/> Other (please specify): _____                    |   |
| <input type="checkbox"/> None (please explain below)                      |   |

Please provide a description of the supporting documentation you are including in your extension request.

## 5. DECLARATION

By signing this form, I acknowledge all of the following:

1. I have reviewed each section of my extension request for accuracy and I declare that the information (and supporting materials if any) I have provided, or will provide in my submission, are truthful, accurate and complete to the best of my knowledge. I understand that a false or misleading statement may result in the denial of my examination extension request, revocation of a certificate of registration and/or a referral to the discipline process.
2. CRPO may verify information included in this request and any associated documents. CRPO may request additional information relating to this request, including from third parties.
3. I hereby consent to the release to CRPO of any information or document, held by any party, related to my extension request. This page shall be the authority for any party to release the information or document to CRPO.

Registrant Name: \_\_\_\_\_

Registrant Signature: \_\_\_\_\_

Date: \_\_\_\_\_