



Home Building Act 1989
CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

REQUEST FOR CPD EXEMPTION FORM

In extenuating circumstances the Secretary may exempt a licensee or certificate holder from completing part or all of the requirements for CPD. Circumstances for granting an exemption are limited and may relate to serious illness or misadventure.

If you are seeking an exemption; this application document along with all supporting paperwork must be attached to your renewal form when applying to renew or restore your licence at a Service Centre.

Indicate on which ground you are seeking an exemption:

1. Misadventure

- (a) If the reason you have not complied with the CPD requirement is on the grounds of misadventure, you must provide a signed letter to this application addressed to the Secretary requesting an exemption and setting out the reasons why you have not complied with the mandatory requirement on your licence regarding completing further educational training. Where available supporting information should be attached to evidence the reasons for misadventure.

Failure to provide the information 1 (a) will result in your application for an exemption not being considered and any application for renewal or restoration of a licence or certificate being refused without further consultation.

or

2. Serious illness or medical condition

If the reason you have not complied with the CPD requirement is on the grounds of serious illness or medical condition, you must:

- (a) provide a signed letter to this application addressed to the Secretary requesting an exemption and setting out the circumstances of why the illness or condition has prevented you from complying with the CPD requirements; **and**
(b) also have page 2 of this application document completed by a registered medical practitioner.

Failure to provide the information at both 2 (a) and (b) will result in your application for an exemption not being considered and any application for renewal or restoration of a licence or certificate being refused without further consultation.

Full name Licensee:	Licence or Certificate number:
Signature of licensee:	Date:

APPLICATION ON THE GROUNDS OF SERIOUS ILLNESS OR MEDICAL CONDITION

The following information is to be completed by a registered medical practitioner:

Name of Applicant: (The applicant is the person applying to the NSW Fair Trading to renew their licence or certificate of registration)	
What is the applicant's medical condition which has prevented him/her from completing further educational training (CPD)?	
How long has the applicant suffered from this condition?	
How much longer is the applicant's condition likely to continue?	
Has the applicant's condition prevented him/her from working or carrying on business during the last 12 months?	YES <input type="checkbox"/> NO <input type="checkbox"/> If you answered YES, please provide particulars.
If the applicant is currently unfit to work when will the applicant be able to return to work?	
Has the applicant been medically unfit so as to be unable to complete further educational training (CPD) during the last 12 months?	YES <input type="checkbox"/> NO <input type="checkbox"/> If you answered YES, please provide particulars.
When will the applicant be medically fit to undertake further educational training?	
Name <i>and</i> address of Registered Medical Practitioner	
Telephone number of Registered Medical Practitioner	
Signature of Registered Medical Practitioner	
Date:	