



The Law Society of
Upper Canada | Barreau
du Haut-Canada

MEMBER APPLICATION AND DECLARATION FORM

Exemption from Continuing Professional Development Requirement

All lawyers and paralegals who practise law or provide legal services, respectively, will be subject to the Continuing Professional Development (“CPD”) Requirement as of January 1, 2011. For details about the CPD Requirement, please see <http://rc.lsuc.on.ca/jsp/cpd/index.jsp>.

Lawyers and paralegals may be eligible for an exemption from the CPD Requirement due to parental leave, illness, or other circumstances coming within the *Human Rights Code*, R.S.O. 1990, c. H.19, or due to additional circumstances as the Director of Professional Development and Competence, or a designate, deems appropriate. Members seeking an exemption must complete and submit the following confidential application form.

Lawyers and paralegals in their first full two years of practice will be granted an extension of time to complete the CPD Requirement on the basis of one month for each month for which the exemption is granted.

Lawyers and paralegals who have been practising or providing legal services for more than two full years will be granted an abridgment of the CPD Requirement on the basis of one hour for each month or partial month for which the exemption is granted.

Name:	Law Society No.:
Email:	Telephone:

I _____, solemnly declare that I will not be engaged in the full-time practice or provision of legal services from the period beginning on ____ / ____ / ____ (DD/MM/YY) and ending on ____ / ____ / ____ (DD/MM/YY). I have chosen not to change my status from the 100% fee-paying category and therefore am subject to the CPD requirement. I am seeking this exemption from the CPD requirement because of:

- Parental leave (please attach a letter from your employer (if applicable) confirming leave from employment for the above time period)
- Illness (please attach a doctor's note)
- Sabbatical (please attach relevant documentation)
- Other: _____

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

Member Signature (Electronic signature acceptable)	Date	Member Name
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I confirm that the facts contained in this Application are true.

To submit this application, please [click here](#)