APPLICATION FOR WAIVER OF CONTINUING EDUCATION

Requesting hardship waiver on the basis of (check one):
$\square$ Service in the armed forces of the United States for at least one (1) year of the three (3) year licensure period.
$\square$ An incapacitating illness which has prevented either part-time or full-time employment for at least twelve (12) months of the three (3) year licensure period.
"PERSUANT TO 876 IAC 7-7-11, IT IS NECESSARY THAT YOU PROVIDE EVIDENCE OF THE HARDSHIP RESULTING FROM SERVICE IN THE ARMED FORCES OR A DOCTOR'S STATEMENT VERIFYING THE HARDSHIP RESULTING FROM THE INCAPACITATING ILLNESS."

| Name of applicant | License number |
| :--- | :--- | :--- |
| Address (number and street, city, state, and ZIP code) |  |
| E-mail address | Telephone number <br> $($ |
| Signature of applicant | Date (month, day, year) |


| Reason for request: |
| :--- | :--- |
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APPLICANT AFFIRMATION
I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.
Signature of applicant

