



**ADMINISTRATIVE OFFICE OF THE COURTS
CERTIFICATION AND LICENSING DIVISION**

APPLICATION FOR CONTINUING EDUCATION WAIVER OR EXTENSION

Under the program's "Continuing Education Policies" section, this application is for a waiver or extension of time to complete continuing education ("CE") due to an illness, a medical disability, circumstances beyond the licensee or certificate holder's control, retirement, or active military duty. Be sure to include supporting documentation. Email the completed form to: CLD1@courts.az.gov

FULL NAME:	
LICENSE/CERTIFICATION PROGRAM NAME:	LICENSE/CERTIFICATION NUMBER:
MAILING ADDRESS:	
PHONE NUMBER:	EMAIL ADDRESS:

Please provide a statement explaining the facts regarding non-compliance that has prevented or will prevent the licensee/certificate holder from completing the required CE hours within this renewal period. Include supporting documentation in the form of medical reports from a physician, evidence of the extenuating circumstance, a copy of the order to active duty, or proof of retirement, and other information the licensee/certificate holder thinks will assist the department.

Please use and attach a separate sheet of paper if you need more space.

Full Signature of Applicant

Date

State of Arizona

County of _____

Subscribed and sworn to before me this _____ Day of _____, ____.

Notary Public

Commission Expires