

**REQUEST FOR REVISION OF CONTINUING EDUCATION REQUIREMENTS
DUE TO ILLNESS OR OTHER PERSONAL HARDSHIP**

NAME:

ADDRESS:

Number	City	State	Zip
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SS#: _____

LICENSE #: _____

EXPLANATION: (attach additional pages if necessary)

This request must be submitted on or prior to May 12, 2007 in order to receive consideration by the Board. Please provide a complete explanation. Include any documentation related to your request that could help to support or verify your personal hardship/illness claim.

Signed:

Full name

Date: _____