



Request for Extension
To
Complete Continuing Education Units

- Please refer to COMAR 10.58.05 for complete continuing education requirements for clinical licensees and certificate holders.
- This form is **NOT** to be completed by graduate licensees or alcohol and drug trainees.
- Requests for an extension to obtain CEUs and related documentation must be received **before** the Board meeting scheduled in January in order for the Board to review the request before the renewal deadline. Requests not received by the January Board meeting date will not be considered until the next monthly meeting and you will not be able to renew your license/certificate before the January 31, 2021 expiration date. One **may not** practice under an expired license/certificate and will be required to reinstate their license or certificate and pay the applicable fees.

COMAR 10.58.05.08B Extension of time to Meet CEU Requirements.

B. Extension of Time to Meet CEU Requirements.

(1) A written request for an extension of time in which to complete CEU requirements shall be submitted by the certificate holder's or licensee's renewal date.

(2) The Board may grant an extension and renew a certificate or license if the Board determines that:

(a) Failure to fulfill the requirements is clearly a result of a significant illness, a procedural or technical difficulty, or other circumstances beyond the control of the certificate holder or licensee; and

(b) The certificate holder or licensee readily and appropriately attempted to fulfill the CEU requirements.

(3) The Board may deny the request for an extension, deny renewal of the certificate or license, or issue any other order the Board finds appropriate.

(4) CEUs which are acquired in order to fulfill the conditions of an extension may be credited only for the previous renewal period.

(Rev. 12/19).

Request for Extension

Name: _____ License No.: _____

Email Address: _____ *Email is the primary method of contact by the Board.

Reason for request for an extension (you must provide supporting documentation or your request will not be reviewed):

- Significant illness;
- Procedural or technical issue;
- Other circumstances beyond my control.

Below please provide a written narrative explaining the reason(s) for your request **and** the actions you have taken to attempt to fulfill the CEU requirements. Use additional sheets as needed. _____

Number of CEUs completed to date: _____ (provide copies of certificates with this Request).

I hereby attest that:

The information provided in this Request and the supporting documentation is true and accurate;

I understand that it is a violation of the Practice Act and the regulations to practice under an expired license/certificate and that such practice could result in the suspension or revocation of my license/certificate;

I understand that if I fail to renew my license/certificate in a timely manner, I will be required to submit an application to reinstate my license/certificate and pay all applicable fees which may total more than the renewal fee; and

I understand that CEUs which are acquired in order to fulfill the conditions of an extension may be credited only for the previous renewal period.

Signature

Date

Board Reviewer: _____ Date: _____ Decision: _____