



Request for Deferral: Peer and Practice Assessment

The College may grant a deferral to a registrant selected to participate in a peer and practice assessment, upon written request. Each request is considered on a case by case basis. Should you wish to request a deferral please submit this form as soon as possible upon receiving your notice of selection.

Please complete, sign and date this form and return to the College by email to qaprogram@coto.org, or fax: 416-214-0851, Attention Seema Sindwani.

Name:

Registration number:

Day time telephone number:

Email Address:

Check the appropriate box indicating your reason for your request:

- Major illness or crisis of self or family member
 - Not currently practising/working
 - On parental leave until:
 - On leave of absence until:
 - Other:
-

Please provide details (include a return to practice date). If you require additional space, please attach a second page.

Date:

Signature:



For College Staff Only:

Date deferral received:

Date deferral reviewed:

Staff Reviewer:

Documents Attached:

Deferral granted: Yes No

Date deferral granted:

Signature:

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