



Quality Assurance Request Form

To request an extension, exemption, or accommodation, please submit this form as soon as possible to the College Quality Assurance program at: gaprogram@coto.org

Registrant Name:

Registration Number:

Phone number:

Email address:

Date:

This request applies to:

- Annual Learning Plan
- Annual eLearning Module
- Competency Assessment*

**If you are not able to participate in the Competency Assessment, you will be automatically included in the next selection group.*

Are you requesting:

- Extension 30 days 60 days Other
 - Exemption
 - Accommodation **You may be asked to provide supporting documentation.*
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Reason for your request:

- Extenuating circumstances
 - Not currently practicing/working until:
 - On parental leave until:
-



On leave of absence until:

Other:

In this section, you can provide details about the reason for your request:

For College Staff Only:

Date form received:

Date form reviewed:

Staff Reviewer:

Granted: Yes No Notes

Date:

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