Law Society of Ontario | Barreau de l'Ontario

Law Society Of Ontario
Continuing Professional Development (CPD)
Exemption Process
130 Queen Street West, Toronto, ON M5H 2N6
cpdexemptions@lso.ca

# APPLICATION AND DECLARATION FORM

## Exemption from Continuing Professional Development Requirement

All lawyers and paralegals who practise law or provide legal services, respectively, are subject to the Continuing Professional Development ("CPD") Requirement, including the CPD Equality, Diversity and Inclusion (EDI) Requirement. For details about the CPD Requirement, please see http://www.lso.ca/CPD-Requirement/.

Lawyers and paralegals may be eligible for an exemption from the CPD Requirement due to parental leave, illness, or other circumstances falling within the Human Rights Code, R.S.O. 1990, c. H.19, or due to additional circumstances as the Executive Director, Professional Development and Competence, or a designate, deems appropriate. Lawyers and paralegals seeking an exemption must complete and submit this confidential form.

Lawyers and paralegals who are eligible for an exemption will be responsible for completing 1 CPD Hour (45 minutes of Substantive CPD and 15 minutes of Professionalism CPD) for every month or partial month in which they have a CPD Requirement. Of the 15 minutes of Professionalism CPD required for each month or partial month, lawyers or paralegals must complete 5 minutes of EDI CPD.

Name: Law Society No.:

Email: Telephone:

I , solemnly declare that I will not be engaged in the practice of law or provision of legal services from the period beginning on (DD/MM/YY) and ending on (DD/MM/YY). I have chosen not to change my status from the 100% fee-paying category and therefore am subject to the CPD Requirement. I am seeking this exemption from the CPD Requirement because of:

☐ Parental leave (please attach a letter from your employer confirming leave from employment for the above time period, or a medical note confirming the birth or estimated date of birth)

☐ Illness (please attach a medical note)

☐ Sabbatical (please attach relevant documentation)

☐ Other:

Please attach any additional documentation or information that is relevant to your application.

| Signature | Date (dd/mm/yy) | Name |
|---|---|---|

*(Electronic signature acceptable)*

I confirm that the facts contained in this Application and Declaration Form are true.

To submit this form, please email CPDExemptions@lso.ca, or fax the application to CPD Exemptions at (416) 947-3370