

CPD Exemption Application Form

Calendar Year _____ (insert year)

Note: CPD and Dues are separate, you must apply separately for dues exemption/reduction.

Last Name _____ First Name _____ CPA Member # _____

I declare that I meet all of the stated criteria listed in the [CPD Reporting Requirements Policy](#) – check applicable box.

| CATEGORY | CPD REDUCTION |
|----------------------------------------------------------------------|---------------------------------------------------------|
| Maternity/Parental Leave* Start Date: _____ Return Date: _____ | <input style="width: 50px; height: 20px;" type="text"/> |
| Medical Circumstances* | <input style="width: 50px; height: 20px;" type="text"/> |
| Other Special Circumstances* | <input style="width: 50px; height: 20px;" type="text"/> |
| Retirement Official Retirement Date: _____ | <input style="width: 50px; height: 20px;" type="text"/> |

*These exemptions/reductions must be applied for annually.

If you are applying for **Maternity/Parental Leave** and your leave extends over two calendar years, please indicate which year you would like exemption for: _____ (only eligible for one calendar year of relief).

If applying for **Medical or Special Circumstances**, please provide details of your circumstances (may attach separate sheet or letter, if necessary):

If you are applying for **Retirement Exemption**, please confirm:

- I do not earn income related to the provision of services that use the skills, knowledge, experience or competencies gained through a member's professional training, education or experience as a CPA (earned income defined in [Membership Categories & Dues policy](#))
- I am not currently serve on or planning to serve on any boards or committees.

CPA Manitoba reserves the right to ask for further information should it be required to review your application.

I declare that I meet all the criteria as outline in the [CPD Reporting Requirements policy](#) and the above information to be accurate and complete. If my situation should change at any time in the future, I agree to notify CPA Manitoba promptly.

Signature _____ Date _____

Please email completed form to membership@cpamb.ca