

Quality Assurance Program Exemption Request

A member can be granted an exemption from any of the requirements of the Quality Assurance Program (QAP) because of illness or any other circumstance that the Quality Assurance Committee (QAC) considers appropriate.

Members requesting an exemption must complete this form to provide the QAC with the reason(s) for their request. Please complete and return to gap@cmo.on.ca

Personal Profile

Name: _____ Registration #: _____

Reporting Year: _____

1. Number of months registered in the general or supervised practice class in the reporting year

0 1 2 3 4 5 6 7 8 9 10 11 12

QAP reporting requirement(s) from which you are requesting exemption:

continuing education and professional development

peer case review

Quality of Care Evaluation action records

If you completed any QAP activities during the reporting year, please describe them here:

Reasons for exemption request

Please identify any significant obstacles faced over the course of the reporting year that prevented you from fulfilling the requirements of the QAP.

Exemption panel process & decision

Exemption requests must be received prior to October 1 of the reporting year for which you are applying and will be reviewed by a panel of the QAC. You may be asked to submit additional information to the committee, if more information is required to reach a decision.

Members requesting an exemption will be notified of the panel's decision via email from the College. If the QAC does not approve your exemption request, you may be considered non-compliant with the QAP.

Member Signature:

Date: