

IAP Idaho Association of Paralegals, Inc.

REQUEST FOR WAIVER OF CLE REQUIREMENT

2008-09 FISCAL YEAR

For consideration, please complete and submit this form to the address below on or before September 30, 2009, or may be e-mailed to lori.peel@ag.idaho.gov by that date.

**Submission of this request is no guarantee that waiver will be granted.
Waivers will be considered by the Board of Directors on a case by case basis.**

NAME:

ADDRESS:

NUMBER OF CLE HOURS ACCRUED FOR 2008-09 FISCAL YEAR:

DO YOU INTEND TO ATTEND THE 2009 FALL SEMINAR?

NUMBER OF HOURS FOR WHICH WAIVER REQUESTED:

Please provide a brief, but complete explanation of your need for a waiver.

Example: I was off work for 2 months for maternity leave and would like a waiver for 2 CLE's.