

# *Idaho Association of Paralegals, Inc.*

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## **REQUEST FOR WAIVER OF CLE REQUIREMENT**

**2014-2015 FISCAL YEAR**

**For consideration, please complete and submit this form to the address below on or before September 30, 2015, or may be e-mailed to [membership@idahoparalegals.org](mailto:membership@idahoparalegals.org) 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 2014-15 FISCAL YEAR:**

**DO YOU INTEND TO ATTEND THE 2015 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.

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*P.O. Box 1254  
Boise, Idaho 83701  
[www.idahoparalegals.org](http://www.idahoparalegals.org)*