

Idaho Association of Paralegals, Inc.

REQUEST FOR WAIVER OF CLE REQUIREMENT

2015-2016 FISCAL YEAR

For consideration, please complete and submit this form to the address below on or before September 30, 2016, or may be e-mailed to 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 2015-16 FISCAL YEAR:

DO YOU INTEND TO ATTEND THE 2016 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.

*P.O. Box 1254
Boise, Idaho 83701
www.idahoparalegals.org*