Idaho Association of
PARALEGALS
Professionalism • Education • Growth
Affiliate of the National Federation of Paralegal Associations, Inc. (NFPA®)

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

REQUEST FOR WAIVER OF CLE REQUIREMENT[1]

For consideration, please complete and submit this form to the address below or by e-mail to membership@idahoparalegals.org on or before September 30.

NAME:

ADDRESS:

PHONE:

EMAIL:

NUMBER OF CLE HOURS ACCRUED FOR FISCAL YEAR 2025 (October 1, 2025-September 30, 2026)**:**

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 credits.

[1] 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.