

CTC Occupational Experience - Exemption Request Form

Name:	E-Mail:
Agency:	

The number of approval credits the training event has been approved for equals the reduction of occupational experience time allowed, to a maximum of 450 hours.

1 Event / Course Title:		
Program Sponsor/Provider:		
Location:		
Approval # or proof attached:	Date:	Qualifying hours
2 Event / Course Title:		
Program Sponsor/Provider:		
Location:		
Approval # or proof attached:	Date:	Qualifying hours
3 Event / Course Title:		
Program Sponsor/Provider:		
Location:		
Approval # or proof attached:	Date:	Qualifying hours
4 Event / Course Title:		
Program Sponsor/Provider:		
Location:		
Approval # or proof attached:	Date:	Qualifying hours
5 Event / Course Title:		
Program Sponsor/Provider:		
Location:		
Approval # or proof attached:	Date:	Qualifying hours

6 Event / Course Title:

Program Sponsor/Provider:

Location:

Approval # or proof attached:

Date:

Qualifying hours

7 Event / Course Title:

Program Sponsor/Provider:

Location:

Approval # or proof attached:

Date:

Qualifying hours

8 Event / Course Title:

Program Sponsor/Provider:

Location:

Approval # or proof attached:

Date:

Qualifying hours

9 Event / Course Title:

Program Sponsor/Provider:

Location:

Approval # or proof attached:

Date:

Qualifying hours

10 Event / Course Title:

Program Sponsor/Provider:

Location:

Approval # or proof attached:

Date:

Qualifying hours

Designation

CTC

CTM

CTC, CTM