



## Request for MCLE Waiver

Please type or print legibly

Name \_\_\_\_\_ ASB Number \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

I am requesting that I be allowed a waiver of my remaining CLE requirements for \_\_\_\_\_ CLE year. As basis for this request, I claim that I have had the following hardship or extenuating circumstances:

*Sickness, disability, medical circumstances.*

Attached hereto and incorporated herein, is a physician's statement or other documentation which provides evidence of the circumstances asserted as the basis for this application for temporary exemption. **(Medical verification is required and the application is incomplete absent this attachment).** Applicant understands that this application and the all attachments will become a part of his/her MCLE record. Any waiver granted for this year will expire at the end of the calendar year. If the circumstances extended into another year, written reapplication will be necessary for that MCLE year, or

*Extenuating circumstances beyond the applicant's control.*

I certify that I experienced extenuating circumstances in this CLE year that prohibited me from meeting my MCLE requirements. Attached hereto and incorporated herein, is an explanation of my circumstances. Applicant understands that this application and all attachments will become a part of his/her MCLE record. Any waiver granted for this year will expire at the end of the calendar year. If the circumstances extended into another year, written reapplication will be necessary for that MCLE year.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### *Checklist for Requesting a Waiver*

- I have completed the above form
- I have attached the necessary accompanying documentation
- I have returned this package by February 15:  
MCLE Commission, Alabama State Bar  
P.O. Box 671  
Montgomery, AL 36101

Questions: Call (334) 269-1515 or (800) 354-6154