

**APPLICATION FOR TEMPORARY OR PERMANENT EXEMPTION FROM
MANDATORY CONTINUING LEGAL EDUCATION REQUIREMENT**

See SCR 3.665(2)(b)(c) - Exemptions and Removal of Exemptions

1. Name and address of applicant (please type or print):

Telephone number: _____

2. Date of admission to membership: _____

3. Application is hereby made for exemption from the requirement of SCR 3.645 that every member of the Association obtain 12 CLE credits, including 2 ethics credits, each educational year (July 1 - June 30).

4. Applicant is an attorney who practices law within the Commonwealth, but demonstrates that meeting the requirement of SCR 3.645 would work an undue hardship by reason of disability, sickness, or other good cause clearly warranting relief. ***Please check either A, B, or C below:***

☐ A. 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 hardship exemption** (STATEMENT REQUIRED. APPLICATION INCOMPLETE ABSENT ATTACHMENT). Applicant understands a temporary exemption granted for reasons of disability, sickness, or other clearly mitigating circumstances, expires at the end of the educational year for which it is granted. **Annual reapplication is necessary.**

☐ B. Military Exemption: any member who, for any portion of an educational year, was on active duty in the U.S. Armed Forces, or whose spouse was on active duty. **Annual reapplication is necessary.**

☐ C. 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 **PERMANENT hardship exemption**. (STATEMENT REQUIRED. APPLICATION INCOMPLETE ABSENT ATTACHMENT). Applicant understands a permanent exemption granted for reasons of disability, sickness or other clearly mitigating circumstances will be valid for the duration of attorney's membership with the Association unless such circumstances change. **Annual renewal of the application is not necessary.**

Attorney signature: _____ Date: _____

KBA Attorney ID: _____