**Module Exemption Request Form**

**Disability Management Practitioner Certificate Program**

# Exemptions

Students who have completed a university or college course that includes the same content as one of the 25-course program topics within the last five years may request an exemption by providing a copy of their transcript and a course outline. Formal courses from other educational institutions may be accepted if a transcript can be provided along with a description of how the learning was evaluated and an indication that the course was equivalent in content, level and length to the Disability Management Practitioner Program online module for which the exemption is requested.

Students who have taught a course with the same subject matter at a university or college level within the last three years are required to send proof of their appointment and a syllabus or outline of the course content. (This need not be a credit course but the level of skills and knowledge should be similar to what would be provided at a college or university level.)

In addition, currently licensed nurses, occupational therapists or physical therapists can gain an exemption from Course DMCCC – Physical Impairments, Rehabilitation and Return to Work; currently registered psychologists or psychiatrists can gain an exemption from Course DMCCD – Mental Health Issues, Rehabilitation and Return to Work; and individuals currently employed by workers' compensation boards can receive an exemption from Course DMCCJ – Workers' Compensation.

Up to six exemptions may be used towards the certificate of completion by individuals who are enrolled in the Disability Management Practitioner Certificate Program.

In order to provide PCU-WHS with information on courses or workshops for which an exemption is requested please fill out this form and mail, email or fax it with required documents to:

Continuing Education

Pacific Coast University for Workplace Health Sciences  
4755 Cherry Creek Road  
Port Alberni, BC  
V9Y 0A7 Canada

Telephone: (778) 421-0821 ext 206  
Fax: (778) 421-0823   
Email: continuingeducation@pcu-whs.ca

**Request for Exemption from a Continuing Education Program Module**

**STUDENT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | | Middle Name | Surname |
| Permanent Mailing Address | | | Home Telephone |
|  | | | Cell Phone |
| City | Province | Country | Postal Code |
| **EMAIL** your preferred email address for PCU-WHS correspondence | | | |

Name of PCU-WHS module for which an exemption is requested:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foundation for the exemption requested (check one)

* Licensing body (provide copy of current license or URL of your listing on the professional website—see below)
* Teaching at university level (provide documentation such as contract or reference—see below)
* Completion of a university level course (provide transcript—see below)

Describe documentation that provides a basis for the exemption request and how you are providing it to PCU-WHS (e.g., attachment to your email).

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Provide the name of the educational organization that offered the course or the organization that licensed or certified you (e.g., College of Physiotherapists)

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If your back up documentation involves taking or teaching a course, briefly describe the course content including module(s) or unit(s) that include the skills and knowledge in PCU-WHS module. (Course outline and brief description of related content should be attached.)

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Description of how the educational activity was assessed:

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Please include in this application:

* Proof of completion (transcript, letter from the instructor on the organization’s letterhead indicating that a passing mark was received, URL for licensing body)
* $20 processing fee for each exemption requested

All payments are to be made by cheque, money order or credit card to PCU-WHS in Canadian dollars. No post-dated cheques will be accepted. Please complete the below payment form:

|  |
| --- |
| **PAYMENT METHOD FOR EXEMPTION FEES**  ** CHEQUE  CREDIT CARD** |
|  Visa     Master Card     American Express |
| Card# |
| Name on Card |
| Expiry Date |
| CVV # |
| Signature |