



ABSA Credentialing Maintenance Board Extenuating Circumstances Procedures

Request for extension:

The Board will consider extenuating circumstances for an extension of the due date for recertification requirements. These will be reviewed on a case-by-case basis. The Board will review all contributing factors. Applications for consideration of an extension must be submitted prior to the deadline for recertification. Extensions will not be considered after a candidate fails to meet the requirements for recertification. The Board may ask that proof of any certification maintenance points earned prior to or after the extenuating circumstances be submitted to show that the applicant was working towards meeting the requirements before or after the issue arose.

Examples of situations which may qualify for an extension include: serious medical issues, military leaves, or natural disasters impacting your work or workplace for six months or longer. Situations which lasted less than six months may be submitted for individual consideration by the board.

Procedures for review:

The individual submits a written request for consideration PRIOR to the deadline for their recertification cycle.

The Board considers the request and submits a date for the applicant to be reviewed again. Generally, an extension will be granted for the same length of time as the situation impacted the ability to work.

The Board may request documentation of the situation.

At the date of reconsideration, the applicant will be asked to either submit their recertification application or submit an additional extension request depending on their situation.

All information regarding the situation, particularly medical, will be kept confidential.

Please provide the information requested below and submit the form to the ABSA office.



ABSA INTERNATIONAL

1200 Allanson Road • Mundelein, IL 60060-3808 • 866-425-1385 • Fax: 847-566-4580 • E-mail: info@absa.org • Web Site: www.absa.org

ABSA Credentialing Maintenance Board Request for Consideration of Extension due to Extenuating Circumstances

Name:

Institution/Organization:

Address:

Phone Number:

Email address:

Credential: CBSP ___ RBP ___ Both ___

Scheduled cycle: January 20__ through December 20__

Reason for request (please do not reveal any personal medical details):

If possible, please indicate when you anticipate this extenuating circumstance will no longer exist (e.g., end of military deployment), or dates of circumstance/condition:

In some situations, you may be asked to provide a letter from your Manager/Supervisor verifying when you returned to work and/or were fit for duty (after a medical leave).