Request for extension:
The Board will consider extenuating circumstances for an extension of the due date for recertification requirements. The Board will review all contributing factors. Extensions will not be considered after a candidate fails to meet the requirements for recertification.

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.

COVID-19: If you have been impacted by the COVID-19 outbreak, please identify the circumstances (furloughed, reduced duties, illness, etc.) and the length of time you were affected.

Procedures for review:
The individual submits a written request for consideration PRIOR to the deadline of December 31st of their recertification cycle. Proof of any CM points earned must be provided to the Board to show that the applicant is working towards meeting the point requirements.

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 or verification (from your organization) when you returned to work and/or were fit for duty (after a medical leave).

CMB members are expected to maintain high ethical standards. All reasonable efforts will be made to keep all information regarding the situation confidential within the CM Board.

Please provide the information requested below and submit form along with your incomplete CM worksheets to credentialing@absa.org.
## Credentialing Maintenance Board
**Request for Extension: Extenuating Circumstances Form**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Click here to enter text.</th>
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<tr>
<td>Address:</td>
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<tr>
<td>City:</td>
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<tr>
<td>Preferred Phone:</td>
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<tr>
<td>RBP(ABSA) Credentialed:</td>
<td>☐ Yes ☐ No</td>
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</table>

**Current Credentialing Cycle:** 20 through 20

**Reason for request (please do not reveal any personal medical details):**
Click here to enter text.

**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:**
Click here to enter text.

**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).**
Click here to enter text.