

Request for Accommodation: Extreme Situations

The Credentialing Maintenance Board (CMB) will consider Requests for Accommodations for those needing additional time (**less than one year**) to complete requirements. Examples of situations which may qualify for an accommodation (approved extension) include serious medical issues, military leaves, natural disasters, or conditions relating to the COVID-19 outbreak impacting your work or workplace.

The CMB will review all contributing factors and will not take consideration after February 1 or if a candidate fails to meet the recertification requirements. All accommodation requests are reviewed on a case-by-case basis.

Procedure

Individuals must submit the accommodation request along with their (incomplete) CM worksheets PRIOR to December 31st (end of cycle). This demonstrates that the candidate is/has been working towards meeting the 40 CM point requirement before or after the extreme situation arose.

The circumstances of your situation (furloughed, reduced duties, illness, etc.) and the length of time you were affected must be stated. The Board may request additional documentation of the situation or verification (from your organization) when you returned to work and/or were fit for duty (after a medical leave). Upon approval of request, the Board will propose a date to be reviewed again.

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.

Submit completed request form along with your incomplete CM worksheets to credentialing@absa.org. for consideration.



ABSAs INTERNATIONAL

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Credentialing Maintenance Board (CMB) Request for Accommodation of an Extreme Situation Form

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|---|--|------|
| Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Preferred Phone: | Preferred Email: | |
| RBP(ABSAs) Credentialed: Yes No | CBSP(ABSAs) Credentialed: Yes No | |
| Current Credentialing Cycle: | | |
| Reason for request (furloughed, reduced duties, illness, etc.) Do not list personal medical details. If related to COVID-19, what conditions were impacting you? | | |
| If possible, indicate when you anticipate this extreme situation will no longer exist or if it has passed, how long were you affected? Indicate month/year and the length of time | | |
| Note: 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). | | |

Signature _____

Date: