

CONTINUING PROFESSIONAL EDUCATION EXTENSION REQUEST

For each individual request this form shall be completed electronically with responses typed in the appropriate spaces.

CLICK TO SUBMIT COMPLETED FORM: MSP-MCOLES@michigan.gov

AGENCY NAME:	
EMAIL:	TELEPHONE:
REQUESTING AGENCY HEAD:	DATE OF SUBMISSION:
AGENCY HEAD SIGNATURE:	

I. IMPACTED MCOLES LICENSE HOLDER.	
	NAME:
	MCOLES #:
II. EMERGENCY CIRCUMSTANCES FOR EXTENSION. <i>(PRIOR TO COMPLETING THIS SECTION, PLEASE READ ATTACHMENT)</i>	
	a.
	b. CLICK HERE TO EXPLAIN THE CIRCUMSTANCES RELATED TO ABOVE INDICATED REASON
	c. NOTE: STAFFING SHORTAGE AND SCHEDULING ARE <u>NOT</u> ACCEPTABLE REASONS FOR NOT COMPLETING MANDATED TRAINING.
III. SUPPORTING DOCUMENTATION LIST. <i>(ATTACH CORRESPONDING DOCUMENTS WHEN SUBMITTING THIS FORM)</i>	
IV. PLAN TO MEET THE NEW DEADLINE IF EXTENSION REQUEST IS GRANTED.	

COMMISSION USE ONLY	
ACTION: APPROVED DENIED	NEW COMPLETION DATE <i>(IF APPROVED)</i> :
COMMENTS:	
CAREER DEVELOPMENT SECTION MANAGER:	DATE:

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EMERGENCY CIRCUMSTANCES EXPLANATION

A large, empty rectangular box with a black border, intended for providing an explanation of emergency circumstances.

[RETURN TO EXTENSION REQUEST FORM](#)