



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

OFFICE OF PRACTITIONER LICENSING AND CERTIFICATION PHYSICIAN/SURGEON

AFFIDAVIT

Application for (Please check one) Waiver Extension

I, _____, being duly sworn, attest that:

1. I am a physician/surgeon licensed in the State of Connecticut.
2. During the exemption period from _____ to _____ I did not/will not actively engage in the practice of medicine in the State of Connecticut;

OR,

I hereby declare my eligibility for a waiver/extension of the continuing education requirements based on a medical disability/illness pursuant to Section 20-10b(c), Connecticut General Statutes. I certify that due to a medical disability/illness, I am unable to complete the continuing education requirements from _____ to _____.

3. I, therefore, claim an exemption for the above-specified period from the requirements of Section 20-10b(c), Connecticut General Statutes, which specifies that each licensee actively engaged in the practice of medicine must complete a minimum of 50 contact hours during the registration period.
4. I understand that, should I resume the practice of medicine in the State of Connecticut, I must complete the requirements listed in Section 20-10b(c), Connecticut General Statutes.
5. The above statements are true to the best of my knowledge and belief.

Date

Signature

Address

City, State, Zip

Connecticut Physician/Surgeon License Number

Subscribed and Sworn before me this

_____ day of _____, 20_____.

Notary Public



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