## request fee of \$100.00. If the extension is granted, you will receive correspondence from the Board with instructions for submitting required continuing education hours.

I, \_\_\_\_\_, hereby request an extension to complete the required continuing education hours for the latest two (2) year renewal period. I attest that I did not complete the required hours for the following reason(s):

Kentucky Board of Medical Licensure Request For Extension To Complete Required Continuing Education Hours

Extension Fee: \$100.00

According to 201 KAR 9:360, "The board may grant an extension of time to a licensee who for sufficient cause has not yet received continuing education certification." "Sufficient cause" includes situations such as an illness or any event meeting the Family Medical Leave Act (FMLA) of 1993, 29 U.S.C. 2601 et seq., Pub.L. 103-3 criteria, and the federal regulations implementing

In order to request an extension to complete continuing education hours, please complete the section below, sign, date and return to the Board with the renewal application and extension

**Printed Name** 

the act, 29 C.F.R. Part 825.

Signature

PA License No.

Date

\* Please enclose \$100.00 \*

Checks may be made payable to the Kentucky Board of Medical Licensure