

CPD EXEMPTION APPLICATION



Approved form pursuant to clause 17(2) Schedule 2 *Legal Profession Regulations 2007* (as amended).

I: (name) of: (practice)
apply to the Law Society Northern Territory for an exemption from the requirement to comply with my CPD obligations for the / CPD year.

I am seeking a: full exemption partial exemption of CPD point/s

I have accrued the following CPD point/s for the / CPD year:

Substantive Law competency:	<input type="text"/>	CPD point/s accrued
Professional Ethics and Responsibilities (core competency):	<input type="text"/>	CPD point/s accrued
Practice Management and Business Skills (core competency):	<input type="text"/>	CPD point/s accrued
Professional Skills in Legal Practice (core competency):	<input type="text"/>	CPD point/s accrued
Total CPD point/s accrued:	<input type="text"/>	

I am seeking the exemption on the following ground/s (check as applicable):

Hardship due to geographical location, physical disability or particular constraints of my practice

Substantially absent from practice from to because of:
leave (must be a continuous period of 6 or more weeks)
illness (please provide a medical certificate or treating doctor's report)
unemployment

I will undertake further CPD activities after the CPD year to meet the obligation

Admitted to practice for 40 or more years as I was admitted in (year) and I currently:
hold a Restricted (Barrister and Solicitor) Practising Certificate
hold a Restricted (Corporate Lawyer) Practising Certificate
hold a Restricted Barrister Practising Certificate
act solely as a Public Notary

Note The holder of an Unrestricted Practising Certificate is not eligible to apply for CPD exemptions on the grounds of having been admitted to practice for 40 or more years pursuant to clause 17(3)(d)(i) of Schedule 2 of the *Legal Profession Regulations*.

Other special circumstances:

I provide the following further information to support my application:

📌 Attach separate page/s if insufficient space has been provided.

DECLARATION

I declare that this information is true and correct:

PRACTITIONER SIGNATURE:

DATE:

APPLICATION LODGEMENT

Return this application and all required documentation (if applicable) to the Society's **Licensing Officer:**

Email: lo@lawsocietynt.asn.au **Post:** GPO Box 2388 Darwin NT 0801

In person: 3/6 Lindsay Street Darwin NT 0800