



Virginia Insurance Continuing Education Board
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Waiver Request for Virginia Insurance Continuing Education Requirements

Code of Virginia §§ 38.2-1868.1, -1870

Instructions: Requests for waiver of continuing education (“CE”) requirements should be submitted to the physical or email address shown above prior to the end of the CE compliance period for which such waiver is requested. The Virginia Insurance CE Board or its administrator will provide written notice of the Board’s decision within 30 days of receiving the waiver request. Any waiver granted pursuant to this section will be valid only for the compliance period stated in the application. **NOTE:** The filing of a waiver request does not toll the running of any time limit set forth in the Code of Virginia regarding compliance with CE requirements. Therefore, waiver requests should be promptly submitted when grounds for a waiver request become known to the agent or agent’s representative. Failure of an agent to file a waiver request in a timely manner may be considered by the Board in determining whether to grant the waiver. **A waiver of CE requirements does not include mandatory training requirements or payment of applicable fees.**

Last Name	First Name	Middle Initial
Mailing Address		
City	State	Zip Code
E-mail		
Daytime Telephone Number	License Number	Expiration Date of Current License
<p>Reason for waiver:</p> <p><input type="checkbox"/> Medical reason, condition, illness, hospitalization, or disability: Provide completed U.S. Dept. of Labor Certification of Health Care Provider (FMLA) form <i>OR</i> other certification signed by admitting or attending health care provider—on the appropriate letterhead—setting forth the medical condition, illness, hospitalization, or disability which prevents agent from completing required CE courses for the biennium for which the waiver is requested (certification should be dated within 60 days of waiver request, or request should explain or otherwise make apparent why certification is dated outside this date range); any supporting material or documentation necessary to demonstrate the need for the waiver; approximate date on which medical condition commenced and its probable duration; and acceptable explanation of how condition prevents agent from completing required CE hours.</p> <p><input type="checkbox"/> Military Service: Provide documentation, including any deployment or active-duty orders, that agent is on active duty (or has been notified of an impending call to active duty) as a service member of the United States Uniformed Services¹. Provide explanation of how active-duty military status prevents agent from completing required CE hours.</p> <p><input type="checkbox"/> Other extenuating circumstances or emergency situation: Describe reasons for waiver request, description of circumstances/emergency situation, and acceptable explanation of how circumstances/situation prevents agent from completing required CE hours. Provide supporting material or documentation necessary to demonstrate the need for the waiver.</p>		
<p>Certification</p> <p>I hereby certify that I have read and knowingly made the foregoing statements and representations and that such statements and representations are true to the best of my knowledge and belief. I understand that any misrepresentation, false statement, or fraud in connection with this application may be cause for revocation or suspension of my license or may be cause for denial of the Waiver Request in addition to any other penalties, or both.</p>		
Signature of Licensee		Date

¹ Army; Army Reserve; Marine Corps; Marine Corps Reserve; Navy; Navy Reserve; Air Force; Air Force Reserve; Coast Guard; Coast Guard Reserve; Public Health Service Commissioned Corps; National Oceanic & Atmospheric Administration Commissioned Offer Corps; Army National Guard of the United States; and Air National Guard of the United States.