

POLICY RE: ABSENCE FROM PRACTICE OF REGULATED PROFESSION DUE TO PREGNANCY OR DISABILITY

Approved by Council April 13th, 2026

- Fees will be required when due in the normal manner, whether or not the absence is relatively foreseeable.
- Following an absence of at least 3 months, a registrant may request the reimbursement of the REGISTRATION fees paid to the CAHPPEI.
- A request for reimbursement must be received within 3 months of the end of the period of absence from practice unless Council deems that an extension of time is appropriate in the circumstances.
- The only circumstances that will be approved for reimbursement are those related to maternity/parental leave or medical disability (whether physical or mental).
- Registrants requesting reimbursement under this Policy are required to provide the following:
 - o Letter from a qualified medical practitioner attesting to the medical requirement for the absence, and
 - o An executed affidavit that the registrant did not engage in the practice of the profession they are regulated in during the entire period of the absence.
- Approval for reimbursement under this policy will rest with Council.
- Upon approval, the registrant will be assumed to have been not practicing for the period involved and will be reimbursed the difference between the fee for practicing and non-practising for that period, prorated monthly (see prorated fee schedule).
- This reimbursement policy does not apply to insurance premiums paid.
- "Disability" is defined in accordance with the interpretation in use by the PEI Human Rights Commission.

IN THE MATTER OF the College of Allied Health
Professionals of PEI Policy re: Absence from the
Practice of Regulated Profession Due to
Pregnancy, Parental Leave or Disability

AFFIDAVIT

I, _____ of _____,

_____ County, Province of Prince Edward Island.

MAKE OATH AND SAY AS FOLLOWS:

1. I am a _____, employed with _____ and as such have personal knowledge of the facts herein deposed to unless stated to be based on information and belief.

2. I was on maternity/medical disability leave from _____ to _____ and I did not engage in the practice of _____ during this period of absence.

SWORN TO before me at _____, _____ County, Prince Edward Island this _____ day of _____, 20_____.

for Taking Affidavits in The Supreme Court Registrant Signature A Commissioner