

Continuing Professional
Education (CPE)
Extension Request Form

Board of Accountancy
Washington State



CONTACT INFORMATION

Full Name: _____ CPA-Inactive Certificate/License #: _____
 Mailing Address (including city, state, zip code, country): _____ Daytime Phone: (____) _____
 _____ Email Address: _____

REASON FOR INDIVIDUAL HARDSHIP (Check one and submit a detailed explanation, failure to submit a completed application will delay approval)

Active Military Deployment:

 Critical Illness:

 Financial Hardship:

 Other:

 Number of deficient hours: _____

TIMELY CORRECTIVE ACTION PLAN

Your action plan must consist of courses that have been scheduled or ordered from a provider. Please submit a copy of your confirmation with this request.

| Date | Sponsor | Title of Course | Hours |
|-------|---------|-----------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I certify that the information on this application is true and accurate.
 I understand this request is subject to approval. If approved, I will be included in the CPE audit for my next renewal cycle.

Signature Date

Email To: kellyw@cpaboard.wa.gov

THE BOARD ADVISES YOU TO KEEP DETAILED COPIES OF ALL DOCUMENTATION SUBMITTED FOR YOUR RECORDS.