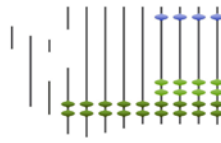


Continuing Professional Education (CPE)
Extension Request Form



Board of Accountancy
WASHINGTON STATE

CONTACT INFORMATION

Full Name: _____ License/Certificate #: _____

Mailing Address (Street, City, State or Province, Zip code, and Country):

_____ Daytime Phone: (_____) _____

_____ Email: _____

Country: _____

REASON FOR INDIVIDUAL HARDSHIP

Check one and submit a detailed explanation on a separate sheet of paper or in the body of your email to the Board.

Active Military Deployment Critical Illness Financial Hardship

Other: _____

Number of deficient hours: _____ Expected completion date of all deficient hours: _____

On or before December 31 will you have completed a [Board Approved Washington State Ethics course](#)? Yes No

TIMELY CORRECTIVE ACTION PLAN

Your action plan must identify the specific CPE you plan to obtain to correct your CPE deficiency.

Failure to submit a complete application will delay review and may ultimately result in denial of your request.

Expected Completion Date	Sponsor	Title of Course	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the information on this extension request 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

Mail to: PO Box 9131 Olympia, WA 98507

Email to: customerservice@acb.wa.gov

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

Please be advised: The Washington State Board of Accountancy is required to comply with the Public Records Act, [Chapter 42.56 RCW](#).
The information you submit to the Board may ultimately be subject to disclosure as a public record.