Pennsylvania
Department of State
State Board of Accountancy

REQUEST FOR WAIVER OF CPE REQUIREMENTS

Information regarding waivers of CPE credit requirements may be found in Section 11.62(d) of the Board's Regulations, 49 Pa.Code § 11.62(d). A link to the Regulations can be found online at www.dos.pa.gov/account. To request a waiver, please complete and submit this form by email to st-accountancy@pa.gov. Please include the subject as "CPE Waiver Request".

The waiver request will be placed on the agenda for the next available meeting of the Board for their review. Once reviewed and a determination has been made, you will be notified within 10-15 business days of the Board's decision. Please note that if a waiver is granted, you will still need to complete 80 credits of CPE before your license can be renewed.

Name: _____

License number: _____

Home address: _____

Employer address (if applicable): _____

Please indicate which waiver you are requesting:

_____ Waiver of 40-credit self-study limitation

_____ Waiver of 20-credit per year requirement*

*If requesting a waiver of the 20-credit per year requirement, please provide the number of credits currently completed for each year of the current reporting cycle:

Year: _____ Number of credits: _____

Year: _____ Number of credits: _____

Reason for waiver**: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

***Please include the following:**

- **Completed reporting forms, or a spreadsheet of a similar format, to list all courses and credits. A blank reporting form is attached.**
- **Copies of your CPE certificates. Certificates of completion are required for each CPE course.**

****Please attach supporting documentation. Examples:**

- **If you have a medical reason, you must include medical verification (i.e. doctor's note) for your medical issue.**
- **If the medical reason is for someone other than you, you must indicate the relationship and whether you are the primary caregiver of that individual.**
- **If you have a military reason, you must include the documentation.**
- **If you have exigent circumstances, you must include the documentation and/or describe in detail those circumstances.**

_____ _____

Signature Date

CONTINUING PROFESSIONAL EDUCATION (CPE) REPORTING FORM

Please list courses chronologically in the appropriate sections. Duplicate this form as necessary. CPE requirements can be found in 49 PA Code §11.61-11.68.

NAME:		LICENSE or APPLICATION #		EMAIL:	

Group Courses (Group-Live and/or Group-Internet Based; includes college/university credits)

Sponsor/Provider	Sponsor #	Course Title	Date(s)	A&A	Ethics	Other	Total
			Subtotals				

Self-Study Courses/Authorship (Limit 40 credits)

Sponsor/Provider	Sponsor #	Course Title	Date(s)	A&A	Ethics	Other	Total
			Subtotals				

Service as Teacher, Professor, Lecturer, Speaker, or Discussion Leader (Limit 40 credits)

Sponsor/Provider	Sponsor #	Course Title	Date(s)	A&A	Ethics	Other	Total
			Subtotals				

REV 4.11.24

TOTALS:

Group	Self-Study/Authorship	Teaching	A&A	Ethics	**GRAND TOTAL**

Please upload this form as one PDF file, and combine your certificates of completion into a second PDF file. For a faster, more efficient review, please order your certificates in chronological order, as they appear on this form.

For Board Use Only

	YES	**NO**	**N/A**
ACCEPTABLE DOCUMENTATION SUBMITTED?			
Comments:			
ALL CREDITS FROM APPROVED PROVIDERS?			
Comments:			
ALL COURSES AT LEAST 50 MINUTES IN LENGTH?			
Comments:			
80 TOTAL CREDITS?			
Comments:			
NO MORE THAN 40 SELF-STUDY/AUTHORSHIP CREDITS?			
Comments:			
NO MORE THAN 40 TEACHING CREDITS?			
Comments:			
PARTICIPATED IN ATTEST – 24 A&A			
Comments:			
4 ETHICS			
Comments:			