



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF STATE
 BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
 STATE BOARD OF ACCOUNTANCY
 P. O. BOX 2649
 HARRISBURG, PENNSYLVANIA 17105
st-accountancy@pa.gov | www.dos.pa.gov/account
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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**:

Blank lined area for documentation or notes.

****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.**

*****Please attach a schedule of CPE completed to include your name and license number, course dates, course titles, sponsors, sponsor numbers, format, and number of credits earned. Licensees must have a certificate of completion for each CPE course.**

Signature

Date