

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 e-mail to the Board. Failure to submit a completed application will delay review, and may ultimately result in denial of your request.

Active Military Deployment       Critical Illness       Financial Hardship

Other: \_\_\_\_\_

Number of deficient hours: \_\_\_\_\_ Expected completion date of all deficient hours: \_\_\_\_\_

On or before December 31<sup>st</sup> 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 completed 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 \_\_\_\_\_

Email to: [customerservice@cpaboard.wa.gov](mailto:customerservice@cpaboard.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.