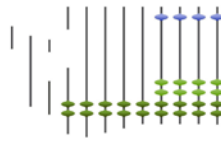


Continuing Professional Education (CPE)
Extension Request Form



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: _____

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.

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

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

CERTIFICATION

- 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@acb.wa.gov Mail to: PO Box 9131, Olympia, WA 98507 Fax to: (360) 664-9190

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.