



STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 Board of Accountancy
 450 Columbus Blvd, Ste. 901
 Hartford, CT 06103
 Email: DCP.Accounting@ct.gov
 Web site: www.ct.gov/dcp

Continuing Education Extension/Waiver Form

Extensions, waivers, or adjustments to the mandatory continuing professional education requirement may be granted for reasons of health certified by a physician, an extended active duty of armed forces or other good causes acceptable to the Board.

This form must be submitted with proper documentation to the address indicated below. You will receive a written response informing you whether your request has been granted or denied. A copy of the approval or denial by the Board must be maintained and submitted during the following renewal cycle.

To avoid the risk of non-compliance, your request for waiver or extension should be received prior to the expiration of the gathering fiscal year ending June 30th. All requests for extensions should specify the number of CPE credits completed and the number of delinquent credits as of the date of the request.

Section I: Applicant Information

First Name		Middle Initial	Last Name	
Residence Address		City	State	Zip Code
Telephone Number	Email Address		License Number	
Mailing Address (if different from above)				
Address		City	State	Zip Code

Section II: Type of Request

<input type="checkbox"/> Waiver of fee because the courses were completed by June 30th. Select the appropriate option: <input type="checkbox"/> \$315: Reporting on a renewal application a minimum of forty hours of CPE, any of which was earned after June 30th and on or by September 30 th <input type="checkbox"/> \$625: Reporting on a renewal application a minimum of forty hours of CPE, any of which was earned after June 30th and on or by December 31st.
<input type="checkbox"/> Waiver of the required CPE courses for this year.
<input type="checkbox"/> Extension as a result of inability to complete the course by June 30th. Intended Completion Date _____

Section III: Reason for Request

Medical <input type="checkbox"/>	Military <input type="checkbox"/>	Good Cause <input type="checkbox"/>
Please be sure to attach supporting documentation at time of submission.		
Signature of Applicant		Date

➔ **Return your completed request form and supporting documentation to:**

Department of Consumer Protection
Board of Accountancy
450 Columbus Blvd, Ste. 901
Hartford, CT 06103
 or
email: DCP.Accounting@ct.gov