



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](mailto:st-accountancy@pa.gov) | [www.dos.pa.gov/account](http://www.dos.pa.gov/account)  
 Phone: 1.833.367.2762 | Fax: 717.705.5540

## **REQUEST FOR EXTENSION OF TIME TO COMPLETE CPE**

Information regarding extensions of CPE 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](http://www.dos.pa.gov/account). To request an extension, please complete and submit this form by email to [st-accountancy@pa.gov](mailto:st-accountancy@pa.gov). Please include the subject as “CPE Extension Request”.

The 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 an extension is granted, your license must still be renewed before the 12/31 expiration. Your CPE will need to be submitted for review once completed to verify that it was completed before the expiration of the extension.

Name: \_\_\_\_\_

License number: \_\_\_\_\_

Home address: \_\_\_\_\_

Employer address (if applicable): \_\_\_\_\_

Number of credits currently completed: \_\_\_\_\_

Length of extension requested (should not exceed 12 months): \_\_\_\_\_

Reason for extension\*: \_\_\_\_\_

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**\*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