

AMENDMENT APPLICATION

STATE BOARD OF ACCOUNTANCY

MAILING ADDRESS
 STATE BOARD OF ACCOUNTANCY
 P.O. BOX 2649
 HARRISBURG, PA 17105

COURIER ADDRESS
 STATE BOARD OF ACCOUNTANCY
 2601 NORTH THIRD STREET
 HARRISBURG, PA 17110

PHONE 717-783-1404
FAX 717-705-5540
E-MAIL st-accountancy@pa.gov
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CONTINUING PROFESSIONAL EDUCATION PROGRAM SPONSOR APPLICATION

\$5.00 NON-REFUNDABLE APPLICATION FEE. If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee. In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance. Approval being issued once application is approved/processed will expire December 31st of the odd numbered year. Submit original application, not a copy.

SECTION 1:

SPONSOR NAME:		
CONTACT PERSON:		
SPONSOR ADDRESS	STREET	
	CITY/STATE	
	ZIP CODE	
BUSINESS TELEPHONE NUMBER:		
EMAIL ADDRESS:		
PROGRAM SPONSOR LICENSE NUMBER:		
Would you like us to communicate with you regarding this application via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION 3: Certification

We agree to offer CPE programs in one or more of the subject areas defined in 49 Pa Code §11.63 and we understand that CPE programs may be offered in subject areas other than those designated, and agree that we will not present for credit under the Pennsylvania CPA Law any CPE program in a subject area other than those designated without specific board approval of the program.

We agree that for each program we meet the requirements of 49 Pa Code §11.71. We understand that program records shall be subject to an offsite review by the board. We understand that the board may withdraw approval for any violation of 49 Pa Code §11.72.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that any false statements are made subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

 Signature of sponsor Rep-Same as person in Section 1

 Date-must be within 30 days of receipt in Board Office