



Office of the Secretary of the State Connecticut State Board of Accountancy



30 Trinity Street, Room 250
Hartford, Connecticut 06106-1634
(860) 509-6179 – Fax (860) 509-6247
www.sots.ct.gov

Extension/Waiver Form for Continuing Education

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 or armed forces or other good causes acceptable to the Board. Waivers and extensions must be sent to the Connecticut State Board of Accountancy, 30 Trinity Street, Hartford, CT 06106. Please Note: 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 waivers should specify the number of CPE credits completed and the number of delinquent credits as of the date of the request. Proper documentation is required for all letters of extension or waivers; such documentation shall be submitted at the time of the request. 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. *Please print legibly.*

Name _____ License Number _____ Certificate Number _____

Address _____ City, State and Zip Code _____

Email _____ Phone _____

Please select one of the appropriate options:

- Waiver of fee because the courses were completed by June 30th. Select the appropriate option:
\$315 _____ Sec. 20-281d.(1) Three hundred fifteen dollars for reporting on a renewal application a minimum of forty hours of continuing professional education, any of which was earned after June thirtieth and on or by September thirtieth; or
\$625 _____ Sec. 20-281d.(2) Six hundred twenty-five dollars for reporting on a renewal application a minimum of forty hours of continuing professional education any of which was earned after June thirtieth and on or by December thirty-first.

Waiver of the required CPE courses for this year.

- Extension as a result of inability to complete the course by June 30th.
 - o Specify the date you will complete the courses. ____/____/____
DD MM YY

The above request is based on the following regulatory reason:

- Medical (Please attach supporting documents.)
- Military (Please attach supporting documents.)
- Good cause (Please attach supporting documents.)

Signature _____ Date _____

Office Use Only
Approved by Board _____
Denied by Board _____
Date ____/____/____ DD MM YY