

**REQUEST FOR EXTENSION TO COMPLETE CPE HOURS**

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

Company/Firm Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

NC CPA Certificate Number: \_\_\_\_\_

This address is: Home \_\_\_\_\_ Business \_\_\_\_\_

If this is a change of mailing address, please check here:

**If you were previously approved for an extension, attach a copy of the form returned to you by the Board.**

Please note that all questions must be answered for this request to be processed.

- A. I request an extension until \_\_\_\_\_ (month/day/year), no later than June 30, to complete my annual CPE requirement.
- B. Hours completed (including carry forward), by December 31, toward annual CPE requirement: \_\_\_\_\_
- C. Hours needed to complete annual CPE requirement: \_\_\_\_\_
- D. Reason for extension – Please complete Page 2.
  - If you were enrolled in a CPE course but were unable to attend because of the reason stated, please attach a copy of your registration form.
  - Please attach a copy of any documentation (e.g. doctor's statement, accident report, etc.) that supports your extension request.
  - If self-study courses are not an option for you, please explain in writing.

I have read the CPE rules of the Board as found in 21 NCAC 08G .0400 and do certify under the penalties provided by law to the truth and accuracy of the information submitted above.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**FOR BOARD USE**

Your request has been considered by the Board and was:

[ ] Approved to: \_\_\_\_\_ [ ] Denied

Meeting Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

- D. Reason for Extension: Please complete this sheet with pertinent information so that the Board may consider your request for extension. Attach additional sheets if necessary.