North Carolina State Board of Certified Public Accountant Examiners

1101 Oberlin Road Suite 104 PO Box 12827 • Raleigh NC 27605 Phone 919-733-1423 • Fax 919-733-4209 • Web nccpaboard.gov

REQUEST FOR EXTENSION TO COMPLETE CPE HOURS

Full	Name (First/Middle/Last/Sut	ffix)	
NC (CPA Certificate Number		
Emp	oloyer Name		
Maili	ing Address (Street or PO B	ox and Citv. State. Zip C	ode)
	is my Home Address	•	,
Daytime Telephone Number			Email Address
lf yo Boa		ved for an extension, a	attach a copy of the form returned to you by the
All q	uestions must be answered	for this request to be pro	ocessed.
A.	I request an extension until (MM/DD/YYYY), no later than June 30, to complete my annual CPE requirement.		
B.	I completed hours (including carry forward), by December 31, toward the annual CPI requirement:		
C.	I need hours to complete the annual CPE requirement.		
D.	 Reason for extension – Attach a separate sheet that explains why you are requesting an extension Include all pertinent information so that the Board may make an informed decision. If you were enrolled in a CPE course, but were unable to attend because of the reason stated, you must attach a copy of your registration form. 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. 		
	ve read the CPE rules of the ided by law to the truth and		NCAC 08G .0400 and do certify under the penalties on submitted above.
Signature			Date
FOR	BOARD USE		
Req	uest has been considered b	y the Board and was:	
	Approved to:		Denied
Mee	ting Date:	Authorized Signa	ature: