

**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 REQUIREMENT**

\_\_\_\_\_  
Your Full Name (First Middle Last Suffix)

\_\_\_\_\_  
Your NC CPA Certificate Number

\_\_\_\_\_  
Your Employer (Name of Firm, Organization, Etc.)

\_\_\_\_\_  
Your Mailing Address (Street or PO Box and City, State, Zip Code)

This is my \_\_\_ Home Address \_\_\_ Business Address      Is this a change of mailing address? \_\_\_ Y \_\_\_ N

\_\_\_\_\_  
Your Daytime Telephone Number

\_\_\_\_\_  
Your Email Address

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

You must answer all questions for this request to be processed.

- A. I request an extension until \_\_\_\_\_ (MM/DD/YYYY), no later than June 30, to complete my annual CPE requirement.
- B. I completed \_\_\_\_\_ minutes,\* including carry-forward, by December 31, toward the annual CPE requirement:
- C. I need \_\_\_\_\_ minutes to satisfy 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.

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR BOARD USE:** The request has been considered by the Board and was:

\_\_\_\_\_ Approved to: \_\_\_\_\_      \_\_\_\_\_ Denied

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