CALIFORNIA BOARD OF ACCOUNTANCY

DEPARTMENT OF CONSUMER AFFAIRS
CALIFORNIA BOARD OF ACCOUNTANCY
2000 EVERGREEN STREET, SUITE 250
SACRAMENTO, CA 95815-3832
TELEPHONE: (916) 263-3680
FACSIMILE: (916) 263-3675
WEB ADDRESS: *http://www.cba.ca.gov*

INFORMATION FOR EXTENSION OR EXEMPTION FROM CONTINUING EDUCATION REQUIREMENTS

Completion of the continuing education (CE) requirements is mandatory for an active license renewal. You may request an extension of time for up to six months, or an exemption from completing the CE requirements prior to the license expiration date in order to maintain uninterrupted practice rights. To ensure timely processing, the request must be made on the attached application and submitted directly to the Board office with the renewal form, including the CE Reporting Worksheet, and the renewal fee before the request can be considered.

Requests for extension or exemption should not be mailed to the Department of Consumer Affairs P.O. Box noted on your license renewal form.

Regular CE extension or exemption:
The Board may grant a regular CE extension or exemption to a licensee for the following causes:

1. Reasons of health, certified by a medical doctor, which prevent compliance by the licensee. The certification must provide the following information:
   a. Name of licensee.
   b. Nature of medical problem.
   c. Medical doctor's signed statement as to the effect of the condition and how it renders the licensee incapable of completing CE, including self-study courses.
   d. Beginning and ending of the time period affected by the condition.
2. Active duty with the Armed Forces of the United States.
3. Other good cause (such as a natural disaster or death of a spouse or immediate family member, supported by a copy of death certificate or obituary).

No extension or exemption shall be made solely because of age or workload constraints.

A licensee who fails to comply with the CE requirements within the extension period:

- **Is ineligible for future active license renewal until all CE requirements have been met.**
- **Will be referred to the Board's Enforcement Division for possible disciplinary action.**

You must submit the following materials directly to the Board office at the address below by the license expiration date:

- Completed application for extension or exemption from CE requirements.
- Supporting documentation, e.g., doctor's letter, copy of obituary, etc.
- Completed renewal form, including list of all CE taken during the two-year license period on the CE Reporting Worksheet. Mark renewing active and write "Exception request pending" on the renewal form.
- Renewal fee.

Mail to: **California Board of Accountancy**
Attn: Renewal/Continuing Competency Unit
2000 Evergreen Street, Suite 250
Sacramento, CA 95815-3832

If you have questions, please contact the Board's Renewal Unit at (916) 561-1702.

PERSONAL INFORMATION COLLECTION AND ACCESS

The information provided in this form will be used by the California Board of Accountancy, to determine qualifications for a Certified Public Accountant License. Sections 5080 through 5095 of the Business and Professions Code authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the application as being incomplete.

Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred to disclosed as provided in Civil Code Section 1798.24.

Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act.

The Executive Office of the California Board of Accountancy is responsible for maintaining the information in this application, and may be contacted at 2000 Evergreen Street, Suite 250, Sacramento, CA 95815, telephone number (916) 263-3680 regarding questions about this notice or access to records.

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APPLICATION FOR EXTENSION OR EXEMPTION FROM CONTINUING EDUCATION REQUIREMENTS

Must be mailed directly to the Board office for processing. Do not mail this request to the Department of Consumer Affairs P.O. Box that is noted on your license renewal application.

Name: _____ License Number: _____

Expiration Date: _____ Daytime Phone Number: _____

☐ **CE extension**

How many months of extension are you requesting? _____ months
How many hours of CE to be completed in the extension period? _____ hours

☐ **CE exemption**
How many hours of CE are you requesting for exemption? _____ hours

1. Describe the circumstances pursuant to which the request is made.

_____

_____

_____

2. Describe the reasons why you are not or have not been able to complete the required number of hours on a timely basis. Include reasons why you could not complete both live and self-study courses.

_____

_____

_____

3. Describe the reasons you prefer not to renew your license as inactive, and explain how the circumstances and reasons described above will affect your ability to practice.

_____

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_____

I hereby certify, under penalty of perjury under the laws of the State of California, that all statements, answers, and representations on this form, including supplementary statements attached hereto, are true, complete, and accurate.

Signature: _____ Date: _____