

**Kentucky State Board of Accountancy**  
332 W Broadway #310 • Louisville KY 40202  
502-595-3037 • <http://cpa.ky.gov> • Email [cpa@ky.gov](mailto:cpa@ky.gov)

**INITIAL REQUEST FOR CPE WAIVER**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License # \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Pursuant to KRS 325.330(7) and 201 KAR 1:100, Section 4, I hereby request the Board of Accountancy to grant a waiver of the continuing professional education requirements.

Check one:

- I am 55 years of age or older and completely retired from the practice of public accounting. Completely retired means not performing accounting services in the practice of public accounting, education, government or industry except for management of personal assets or investments.
- I am physically or psychologically unable to complete the continuing professional education requirement. Attach statements from a licensed physician.
- I have encountered a severe hardship which made it extremely difficult or impossible to meet the continuing professional education requirements. Submit documentation describing the hardship.

I have read and understand the laws and regulations pertaining to the CPE requirements cited above and certify to the truth and accuracy of the information. I understand that if the circumstances of this waiver change, I shall notify the Board within thirty (30) days of any change and resume compliance with the CPE requirements.

If submitting this waiver in your renewal year, please attach a \$100 check payable to the KY State Board of Accountancy.

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

**FOR BOARD USE ONLY**

**The Kentucky State Board of Accountancy at their meeting on \_\_\_\_\_,**  
approved the waiver on the following basis:

\_\_\_\_\_ Retirement

\_\_\_\_\_ Waiver of \_\_\_\_\_ CPE hours for the period of \_\_\_\_\_ (calendar years)

\_\_\_\_\_  
Staff Assistant