

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