

**California Board of Accountancy**

2450 Venture Oaks Way, Suite 300
Sacramento, CA 95833

phone: (916) 263-3680 fax: (916) 263-3675 web: 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 or an exemption from completing the CE requirements prior to the license expiration date in order to maintain uninterrupted practice rights.

The CBA may grant a 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.

Please do not renew through CBA Connect if you wish to request an extension or exemption of your CE requirements.

You should make your request on the attached application and submit it directly to the CBA office with the renewal form, including the CE Reporting Worksheet and the renewal fee, before the request can be considered. To obtain a renewal application and CE Reporting Worksheet, please email renewalinfo@cba.ca.gov.

Once the application and forms are completed, mail to:

**California Board of Accountancy
Attn: Renewal/Continuing Competency Unit
2450 Venture Oaks Way, Suite 300
Sacramento, CA 95833**

If you have questions, please contact the please contact the License Renewal/Continuing Competency Unit by telephone at (916) 561-1702 or email at renewalinfo@cba.ca.gov.

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 Officer of the California Board of Accountancy is responsible for maintaining the information in this application, and may be contacted at 2450 Venture Oaks Way, Suite 300, Sacramento, CA 95833, 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

The form must be mailed directly to the CBA office for processing. Please do not renew through CBA Connect if you wish to request an extension or exemption from your CE requirements.

Name: _____ License Number: _____

Expiration Date: _____ Email: _____

Part A (choose one)

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

Part B (choose one)

I am requesting an extension/exemption for health reasons. I have attached the following information:

- Nature of medical problem.
- 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.
- Beginning and ending of the time period affected by the condition.

I am requesting an extension/exemption for non-health reasons. I have attached supporting documentation and have completed questions 1-3 on the following page.

Part C (please sign)

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: _____

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.
