

TEXAS STATE BOARD OF PUBLIC ACCOUNTANCY

William Treacy, Executive Director  
(512) 305-7800  
FAX (512) 305-7875

Email forms to: [licensing@tsbpa.texas.gov](mailto:licensing@tsbpa.texas.gov)  
505 E. Huntland Drive, Suite 380  
Austin, TX 78752-3757  
[www.tsbpa.texas.gov](http://www.tsbpa.texas.gov)

CONTINUING PROFESSIONAL EDUCATION EXEMPTION

Affidavit for Exemption from Continuing Professional Education

I hereby request an exemption from the Texas State Board of Public Accountancy's mandatory continuing professional education requirement according to [Board Rule §523.112](#) (Required CPE Participation) for the twelve-month period:

\_\_\_\_\_ through \_\_\_\_\_ .  
(dates for which the exemption is being requested)

I have circled the exemption below which applies to my situation and will complete the appropriate exemption form, and also submit written documentation as specified in the exemption.

- A. I am not employed, and I will provide the information required for [Exemption A](#).
- B. I am employed, and have no association with accounting. I will describe my work-related duties as required for [Exemption B](#).
- C. I am claiming an exemption as an out-of-state licensee, and I will provide the information required for [Exemption C](#). I do not service Texas clients from out of state.
- D. I am claiming an exemption for reasons of health or disability, and I will provide the information required for [Exemption D](#). I will submit a statement from my physician disclosing the extent of my disability. I understand that a disabled person is one who is unemployed due to the disability.
- E. I am claiming an exemption due to active military duty, and I will provide the information required for [Exemption E](#). I will submit a copy of my military orders.
- F. I have extenuating circumstances that prevent compliance, and I will provide the information required for [Exemption F](#). I will disclose all pertinent information.

I understand the decision of the Board is final and should the exemption be denied, I will be required to accrue and report continuing professional education according to [Board Rule §523.112](#) (Required CPE Participation). An issued license card will be the acknowledgment of an approved exemption request.

\_\_\_\_\_  
Licensee's Name

\_\_\_\_\_  
Certificate Number

\_\_\_\_\_  
Complete Mailing Address

COMPLETE AND RETURN WITH THE APPROPRIATE EXEMPTION FORM

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CONTINUING PROFESSIONAL EDUCATION EXEMPTION

Affidavit for Exemption A

My name is \_\_\_\_\_. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts stated herein.

I hold Texas State Board of Public Accountancy certificate number \_\_\_\_\_ which was issued on \_\_\_\_\_, which certifies me as a certified public accountant in the State of Texas.

Pursuant to [Board Rule §523.113\(1\)\(A\)](#) (Exemptions from CPE), I am not employed and as such, I believe that I am eligible to be exempted by the Board from the continuing professional education requirements of the Board.

I recognize that should I receive the exemption, but subsequently change my status, I must accrue the minimum number of required credits of continuing professional education for the period of my exempt status. The CPE credits shall be accrued from the technical area as described in [Board Rule §523.102](#) (CPE Purpose and Definitions) and [Board Rule §523.130](#) (Ethics Course Requirements).

I understand that the decision of the Board is final and should the exemption be denied, I will be required to accrue and report *Continuing Professional Education* according to [Board Rule §523.113\(1\)\(A\)](#) (Exemptions from CPE).

I certify that the information provided for the *Affidavit for Exemption from Continuing Professional Education* is true and correct to my knowledge.

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Affiant's Name (printed)

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**CONTINUING PROFESSIONAL EDUCATION EXEMPTION**

**Affidavit for Exemption B (part 1 of 2)**

My name is \_\_\_\_\_ . I am of sound mind, capable of making this affidavit, and personally acquainted with the facts stated herein.

I hold Texas State Board of Public Accountancy certificate number \_\_\_\_\_ which was issued on \_\_\_\_\_, which certifies me as a certified public accountant in the State of Texas.

Pursuant to [Board Rule §523.113\(1\)\(B\)](#) (Exemptions from CPE), I have no association with accounting and as such, I believe that I am eligible to be exempted by the Board from the continuing professional education requirements of the Board. The term "no association with accounting" includes the following:

I do not work, provide oversight of accounting, or supervise work performed in the areas of financial accounting and reporting; tax compliance, planning or advice; management advisory services; accounting information systems; treasury, finance, or audit.

I do not represent to the public, including an employer, that I am a CPA or public accountant in connection with the sale of any services or products involving professional accounting services as defined in the Rules of Professional Conduct, §501.52(22), including such designation on a business card, letterhead, proxy statement, promotional brochure, advertisement, or office

I will not offer testimony in a court of law purporting to have expertise in accounting and reporting, auditing, tax, or management advisory services.

I will not provide instruction in accounting courses.

My job title is \_\_\_\_\_.

My duties are \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

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CONTINUING PROFESSIONAL EDUCATION EXEMPTION

Affidavit for Exemption B (part 2 of 2)

I **do/do not** (circle one) have a supervisor. I understand that in the event that I do have a supervisor, my supervisor must verify my description of my job duties by signing below.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Supervisor's Name (printed)

\_\_\_\_\_  
Supervisor's Phone

\_\_\_\_\_  
Supervisor's Email

I recognize that should I receive the exemption, but subsequently change my status, I must accrue the minimum number of required credits of continuing professional education for the period of my exempt status. The CPE credits shall be accrued from the technical area as described in [Board Rule §523.102](#) (CPE Purpose and Definitions) and [Board Rule §523.130](#) (Ethics Course Requirements).

I understand that the decision of the Board is final and should the exemption be denied, I will be required to accrue and report *Continuing Professional Education* according to [Board Rule §523.113\(1\)\(B\)](#) (Exemptions from CPE).

I certify that the information provided for the *Affidavit for Exemption from Continuing Professional Education* is true and correct to my knowledge.

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Affiant's Name (printed)

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CONTINUING PROFESSIONAL EDUCATION EXEMPTION

Affidavit for Exemption C

My name is \_\_\_\_\_. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts stated herein.

I hold Texas State Board of Public Accountancy certificate number \_\_\_\_\_ which was issued on \_\_\_\_\_, which certifies me as a certified public accountant in the State of Texas.

Pursuant to Board Rule [§523.113\(1\)\(C\)](#) (Exemptions from CPE), I am not a resident of the State of Texas, and as such, I believe that I am eligible to be exempted by the Board from the continuing professional education requirements of the Board.

I am a resident of \_\_\_\_\_ and I do not serve Texas clients.

I recognize that should I receive the exemption, but subsequently change my status, I must accrue the minimum number of required credits of continuing professional education for the period of my exempt status. The CPE credits shall be accrued from the technical area as described in [Board Rule §523.102](#) (CPE Purpose and Definitions) and [Board Rule §523.130](#) (Ethics Course Requirements).

I understand that the decision of the Board is final and should the exemption be denied, I will be required to accrue and report *Continuing Professional Education* according to [Board Rule §523.113\(1\)\(C\)](#) (Exemptions from CPE).

I certify that the information provided for the *Affidavit for Exemption from Continuing Professional Education* is true and correct to my knowledge.

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Affiant's Name (printed)

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CONTINUING PROFESSIONAL EDUCATION EXEMPTION

Affidavit for Exemption D

My name is \_\_\_\_\_. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts stated herein.

I hold Texas State Board of Public Accountancy certificate number \_\_\_\_\_ which was issued on \_\_\_\_\_, and which certifies me as a certified public accountant in the State of Texas.

Pursuant to [Board Rule §523.113\(1\)\(D\)](#) (Exemptions from CPE), I am not able to comply with the continuing professional education requirements for the health reasons described below, and as such, I believe that I am eligible to be exempted by the Board from the continuing professional education requirements of the Board. I am attaching a statement from my physician disclosing the extent of my disability.

My disability began on or about \_\_\_\_\_ and is likely to continue in the foreseeable future.

My physical limitation(s) is/are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature Physician's Name (printed)

\_\_\_\_\_  
Physician's Address (printed)

\_\_\_\_\_  
Physician's Phone Physician's Email

I recognize that should I receive the exemption, but subsequently change my status, I must accrue the minimum number of required credits of continuing professional education for the period of my exempt status. The CPE credits shall be accrued from the technical area as described in [Board Rule §523.102](#) (CPE Purpose and Definitions) and [Board Rule §523.130](#) (Ethics Course Requirements).

I understand that the decision of the Board is final and should the exemption be denied, I will be required to accrue and report *Continuing Professional Education* according to [Board Rule §523.113\(1\)\(D\)](#) (Exemptions from CPE).

I certify that the information provided for the *Affidavit for Exemption from Continuing Professional Education* is true and correct to my knowledge.

\_\_\_\_\_  
Affiant's Signature Affiant's Name (printed)

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CONTINUING PROFESSIONAL EDUCATION EXEMPTION

Affidavit for Exemption E

My name is \_\_\_\_\_. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts stated herein.

I hold Texas State Board of Public Accountancy certificate number \_\_\_\_\_ which was issued on \_\_\_\_\_, which certifies me as a certified public accountant in the State of Texas.

Pursuant to [Board Rule §523.113\(1\)\(E\)](#) (Exemptions from CPE), I am on extended active military duty. I understand that I must not practice public accountancy during the year for which the exemption is granted and as such, I believe that I am eligible to be exempted by the Board from the continuing professional education requirements of the Board. I am attaching a copy of orders to active military duty to this affidavit.

I recognize that should I receive the exemption, but subsequently change my status, I must accrue the minimum number of required credits of continuing professional education for the period of my exempt status. The CPE credits shall be accrued from the technical area as described in [Board Rule §523.102](#) (CPE Purpose and Definitions) and [Board Rule §523.130](#) (Ethics Course Requirements).

I understand that the decision of the Board is final and should the exemption be denied, I will be required to accrue and report *Continuing Professional Education* according to [Board Rule §523.113\(1\)\(E\)](#) (Exemptions from CPE).

I certify that the information provided for the *Affidavit for Exemption from Continuing Professional Education* is true and correct to my knowledge.

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Affiant's Name (printed)

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CONTINUING PROFESSIONAL EDUCATION EXEMPTION

Affidavit for Exemption F

My name is \_\_\_\_\_. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts stated herein.

I hold Texas State Board of Public Accountancy certificate number \_\_\_\_\_ which was issued on \_\_\_\_\_, which certifies me as a certified public accountant in the State of Texas.

Pursuant to [Board Rule §523.113\(1\)\(F\)](#) (Exemptions from CPE), I have extenuating circumstances that prevent compliance and as such, I believe that I am eligible to be exempted by the Board from the continuing professional education requirements of the Board. I am attaching a disclosure of all pertinent information to this affidavit.

The reason I am requesting an exemption is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I recognize that should I receive the exemption, but subsequently change my status, I must accrue the minimum number of required credits of continuing professional education for the period of my exempt status. The CPE credits shall be accrued from the technical area as described in The CPE credits shall be accrued from the technical area as described in [Board Rule §523.102](#) (CPE Purpose and Definitions) and [Board Rule §523.130](#) (Ethics Course Requirements).

I understand that the decision of the Board is final and should the exemption be denied, I will be required to accrue and report *Continuing Professional Education* according to [Board Rule §523.113\(1\)\(F\)](#) (Exemptions from CPE).

I certify that the information provided for the *Affidavit for Exemption from Continuing Professional Education* is true and correct to my knowledge.

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Affiant's Name (printed)