

Registration Renewal Addendum Public Accountancy

Continuing Education: Beginning January 1, 2009 each certified public accountant or public accountant registered to practice in New York State must complete either: 1) a minimum of 24 contact hours in a concentrated area of study in continuing education for each calendar year period; or 2) a minimum of 40 contact hours of continuing education in any combination of approved subject areas. A minimum of 4 hours of professional ethics must be completed every 3 calendar years. A continuing education fee of \$50 per triennium is added to the registration fee. Each licensee must maintain continuing education certificates for a period of five (5) years and be subject to audit by the New York State Education Department. **With the exception of Item 4, do not send any continuing education documents with this application.**

Individuals who have NOT met the continuing education requirement MUST choose Item 1, 2 or 3. Individuals who were previously granted an exemption or adjustment to the continuing education requirement and now want to practice MUST choose item 4.

Your signature indicates agreement with the terms of the option you have selected.

1. I do not intend to practice in New York State and am requesting that my registration be placed in an **INACTIVE STATUS**. I have reviewed the scope of practice document under the practice guidelines at <https://www.op.nysed.gov/professions/certified-public-accountants/professional-practice>.

As long as your registration remains inactive, you are not responsible for the registration fee or the continuing education requirement. If you intend to resume practicing in New York State, you must meet certain continuing education requirements prior to reactivating your registration. **You may not practice public accountancy in New York State if you are not registered.**

Signature _____ Date _____

Print Name _____ License number _____

Home telephone number _____ Work telephone number _____

Fax number _____ Email _____

Employer name and address _____

Job Title _____

Job description _____

Principal place of business _____

2. I request a **CONDITIONAL REGISTRATION**.

Conditional registrations are not automatic and may be issued at the Department's discretion. A conditional registration, if granted, is valid for one year and cannot be renewed or extended. You may request a conditional registration for a one-year period if you agree to the following four items:

1. pay the full registration fee for the one-year conditional registration;
2. complete, by the conclusion of the one-year conditional registration period, the continuing education hours you are lacking from your previous registration period;
3. complete, as directed by the State Board for Public Accountancy, the regular continuing education requirement during the one-year conditional registration period; and
4. pay, by the conclusion of the one-year conditional registration period, the full triennial registration fee for the remaining 2 years of the registration period.

Prior to the end of the one-year conditional registration period, you will be sent a Registration Renewal Application to renew your registration for the remaining two years of the registration period. You must pay the full triennial registration fee and submit copies of CPE certificates before you will receive a registration for the remaining two years. **Failure to meet the requirements of the conditional registration may subject you to prosecution for professional misconduct.**

Signature _____ Date _____

Print Name _____ License number _____

Home telephone number _____ Work telephone number _____

Fax number _____ Email _____

3. I request an **ADJUSTMENT** to the continuing education requirements for registration.

Adjustments to the continuing education requirement may be granted by the Department for reasons of personal illness documented by an appropriate health care professional, extended active duty with the armed forces of the United States, or extreme hardship. A **written explanation** documenting the circumstances which prevented compliance with Education Law **must be included** with this form. If you are granted an adjustment and are not completing the required continuing professional education, you cannot practice in New York State.

Signature _____		Date _____
Print Name _____		License number _____
Home telephone number _____	Work telephone number _____	
Fax number _____	Email _____	
Employer name and address _____		
Job Title _____		
Job description _____		
Principal place of business _____		

4. I was previously granted an exemption or adjustment from CPE by the State Board for Public Accountancy, but wish to be fully registered. I am enclosing CPE completion certificates documenting 24 hours of acceptable continuing education completed within the 12 months prior to the date of this application. See <https://www.op.nysed.gov/professions/certified-public-accountants/mce-questions-answers> for continuing education FAQs. If you choose to complete 24 CPE in a single subject area in the current calendar year, this will lift the exemption and meet the current calendar year CPE requirement.

Signature _____		Date _____
Print Name _____		License number _____
Home telephone number _____	Work telephone number _____	
Fax number _____	Email _____	

Please make a copy of this form and retain it for your records.

You may submit this form via email, fax, or postal mail to:

State Board for Public Accountancy
New York State Education Department
89 Washington Avenue, Second Floor
Albany, New York 12234-1000

Telephone: 518-474-3817 ext. 160
Fax: 518-474-6375
E-mail: cpabd@nysed.gov