

State Board of CPAs of Louisiana

601 Poydras Street, Suite 1770

New Orleans, LA 70130

(504) 566-1244

[www.cpaboard.state.la.us](http://www.cpaboard.state.la.us)

**Request and Agreement for  
Extension to Complete CPE for Reporting Year 2024**

I, \_\_\_\_\_, CPA Certificate # \_\_\_\_\_, have  
(Print Full Name)

carefully read and agree to the terms of the extension proposed by the Board to complete the required CPE for my 2024 CPE reporting year, and agree that I will do one of the following:

Complete the deficient hours no later than January 31, 2025 and provide certificates of completion for the courses to the Board’s office no later than February 15, 2025;

- OR -

Complete the deficient hours no later than March 31, 2025 and enter into a Consent Order with the Board, resulting in disciplinary action on my record, and will be assessed a fine.

I understand the Consent Order will be a public record, and the fine to extend the due date to March 31, 2025 will be based on the number of hours needed to satisfy my 2024 requirement:

**\$200 flat fine plus \$25/hour up to a max of \$500**

**(NOTE: If requesting a waiver of fines due to a medical or personal hardship, documented evidence is required and MUST be provided with this request before any waiver will be considered.)**

I understand I can start earning hours now and I need to renew the license ASAP, even if the CPE is incomplete. All renewals past January 31st will incur a late fee. I acknowledge that no further extension can be granted beyond March 31, 2025. Failure to abide by these provisions **could cause my CPA Certificate to become Inactive**. I also acknowledge and understand that the courses completed during the extension period will be credited to the 2024 CPE reporting year and cannot be used to fulfill the CPE requirement for 2025.

Please email this completed form to: [Bomani.Brown@la.gov](mailto:Bomani.Brown@la.gov)

Email Address: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Number of CPE Hours completed in 2024: \_\_\_\_\_ Number of required CPE Hours NOT completed by 12/31/2024: \_\_\_\_\_

Reason(s) CPE was not completed within the 2024 reporting year: \_\_\_\_\_

I acknowledge my understanding and acceptance of the provisions as outlined above and hereby agree to comply with the provisions stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Accepted by State Board of CPAs of Louisiana:**

\_\_\_\_\_  
Bomani Brown / Investigating Officer

\_\_\_\_\_  
Date