

FORM  
**CE-WAIVER**

# CONTINUING EDUCATION WAIVER APPLICATION

APPROVE:

DATE:

## OREGON BOARD OF TAX PRACTITIONERS

550 Airport Rd. SE Suite A, Salem OR 97301  
(This is a mailing address only)

Fax (503) 585-5797  
Website: www.oregon.gov/OBTP

Questions? (971) 701-1544  
Email: tax.bd@oregon.gov

**ORS 673.655 (2) – Continuing Education Requirement;** waiver; which states: “The Board may exempt a tax consultant or tax preparer from the continuing education required by this section upon application showing evidence satisfactory to the Board of inability to comply because of unusual or extenuating circumstances.”

The information requested below and any documentation regarding your request for a waiver of continuing education hours will only be used by the Board of Tax Practitioners in determining the granting of a waiver. The information herein is considered strictly confidential and will not be shared without your express written permission.

**1**

PLEASE TYPE OR PRINT CLEARLY

**License #** \_\_\_\_\_

"LEGAL NAME" Last:			First:	Middle:
Mailing Address:				
City:	State:	Zip Code:	County:	
Cell Phone:	Home Phone:	Business Phone:		
Fax:	*E-Mail:			

\*Please provide the Board of Tax Practitioners with your current e-mail address to assure receipt of Board information. My e-mail address may be released to tax schools and tax organizations

**2**

### DOCUMENTATION OF NEED FOR WAIVER

Have you requested a waiver before?  Yes  No If so, for which renewal period? \_\_\_\_\_

I am requesting a waiver for \_\_\_\_\_ hours of continuing education.

Please provide a detailed explanation/reason for requesting the waiver. (Attach additional pages if needed)

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### PLEASE COMPLETE THE QUESTIONS LISTED BELOW

Are you working in the field of personal income tax preparation?  Yes  No During season only? Yes  No

Date of last day of work in the field of personal income taxes (if applicable) \_\_\_\_\_

Date when you plan to return to work (if unknown, write unknown) \_\_\_\_\_

Do you own your own business?  Yes  No

Business Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

**3**

**SIGNATURE** Under penalties of perjury, I declare that I have examined this renewal application, including any accompanying attachments, and to the best of my knowledge and belief, it is true, correct and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Number of years licensed: \_\_\_\_\_ Total number of CE hours: \_\_\_\_\_ Average CE hours per year: \_\_\_\_\_

Current standing with the Board: \_\_\_\_\_ Other: \_\_\_\_\_