



APPLICATION FOR WAIVER OF CONTINUING EDUCATION

State Form 56586 (R / 11-20)

INDIANA BOARD OF ACCOUNTANCY
INDIANA PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, IN 46204
Telephone: (317) 234-8800
E-mail: pla14@pla.in.gov
www.pla.in.gov

Requesting hardship waiver on the basis of (*check one*):

- Service in the armed forces of the United States for at least one (1) year of the three (3) year licensure period
- An incapacitating illness or injury
- Other

PLEASE PROVIDE EVIDENCE OF THE HARDSHIP RESULTING FROM SERVICE IN THE ARMED FORCES OR A DOCTOR'S STATEMENT VERIFYING THE HARDSHIP RESULTING FROM THE INCAPACITATING ILLNESS OR INJURY.

Name of applicant	License number
Address (<i>number and street, city, state, and ZIP code</i>)	
E-mail address	Telephone number ()
Signature of applicant	Date (<i>month, day, year</i>)

Time period affected
Reason for request (<i>Please include the details of your circumstances, amount of continuing education requested to be waived, and efforts to overcome your circumstances.</i>)

APPLICANT AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant	Date (<i>month, day, year</i>)
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