

**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION**

Board of Accountancy  
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Hartford, CT 06103  
Email: [dcp.licenseCPA@ct.gov](mailto:dcp.licenseCPA@ct.gov)  
Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



For Official Use Only

An applicant may request a waiver from the online mandate by completing this form. Indicate the reason for your waiver request by checking off the appropriate box(s) below, as it applies to your circumstances: Check box(s) (✓):

- ☐ medical reason ☐ online payment issues ☐ no computer/no access ☐ website error/login error  
☐ unable to navigate online ☐ other reason(s): \_\_\_\_\_

### **2026 Connecticut CPA License Renewal Form**

This renewal is for an individual CPA license that expires on December 31, 2025. Mail the completed form(s) and the appropriate fee to the address above **no later than December 31, 2025**. **All licenses expired more than 90 days must reinstate. All fees are non-refundable.**

Check only (✓) one:

- ☐ I choose to renew my CPA License for 2026. To renew your license, complete both page 1 and 2 of this renewal and return with a check or money order in the amount of \$565.00 made payable to "Treasurer, State of Connecticut"
- ☐ I choose NOT to renew my CPA License for 2026 and would like to apply for Registration of my CPA Certificate for 2026. To apply for the Registration, please return this page of the renewal (2<sup>nd</sup> page not required) with a check or money order for \$40.00 made payable to "Treasurer, State of Connecticut." NOTE: Registration of a Certificate provides only limited use of the title Certified Public Accountant and the initials CPA.
- ☐ I choose NOT to renew my CPA License for 2026. I understand my license will be inactive and I will no longer practice with the CPA title during the inactivation of my Connecticut CPA license. Should you wish to reinstate your CPA License, you must complete the reinstatement application available on our website, [www.ct.gov/dcp](http://www.ct.gov/dcp).

#### **Section I: Renewal Applicant**

|  |  |             |                       |               |
|--|--|-------------|-----------------------|---------------|
| First Name   |  | Middle Name | Last Name             |               |
| Business Name (If using business address please state business name) |  |             |                       |               |
| Street Address   |  | City        | State                 | Zip Code      |
| Telephone Number   | Email Address (mandatory for all applicants) |             |                       | Date of Birth |
| Social Security Number*  | CT CPA Certificate Number                    |             | CT CPA License Number |               |

\*The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to CGS17b-137a.

#### **Section II: Other State Licenses & Felony Conviction(s)**

- List **all** jurisdictions where you hold a CPA certificate/registration/license (abbreviations only):  
\_\_\_\_\_
- Have you been convicted of a felony since your last application? ☐ Yes ☐ No If Yes, attach a statement of explanation

#### **Section III: Attestation**

I, \_\_\_\_\_ declare under penalty of perjury, under the laws of the State of  
(Printed Name of Renewal Applicant)

Connecticut that all statements contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of the license.

\_\_\_\_\_  
Signature of Renewal Applicant

\_\_\_\_\_  
Date

#### Section IV: Out of State Acknowledgement of Filed Continuing Professional Education

Connecticut CPA License holders whose principal place of business is outside of this state and holds an active license in another jurisdiction may show compliance by signing below that he or she has completed the continuing professional education requirements in their principal place of business during his or her last renewal.

I \_\_\_\_\_ certify I have complied with my CPE requirements under my active CPA License in said,  
Print name of CPA

jurisdiction \_\_\_\_\_ under License No. \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
abbreviate state other state's no.

If you report CPEs in another jurisdiction, you will be responsible for maintaining your CPE documentation in the event you are selected for audit by this department.

#### Section VI: In State Requirements of Continuing Professional Education

Connecticut CPA License holders, unless specifically **exempted**, are required to report to the Board by December 31, 2025, their compliance of gathered continuing professional education (CPE) for the fiscal year 7/1/2024 through 06/30/2025\* a minimum of 40 hours of CPE each year in order to maintain an active license into the next calendar year. (\*Note: Current extension of CPE's were due by 7/31/2025).

Check off **exemption** reason below:

If you are specifically exempt from reporting CPE – check the appropriate box:

- ☐ I am exempt from the 2025 CPE requirement because my CT CPA License was issued between 7/1/2024 through 12/31/2025.
- ☐ I am exempt from the 2025 CPE requirement because my CT CPA License was reinstated between 1/1/2025 through 12/31/2025.
- ☐ The State Board of Accountancy has issued me an exemption for this CPE cycle, and I have attached supporting documentation.

Enter courses using this reporting sheet. Make as many copies of this page as necessary and indicate the number of pages being provided below. Incomplete pages or information or totals will be returned.

Last Date of completed Ethic \_\_\_\_\_  
(mm/dd/yy)

| Program Sponsor | Program Location | Program Title or Description | Date(s) Attended<br>entire date required<br>(mm/dd/yy) | Program Type<br>* (see codes below) | CE Hours |
|-----------------|------------------|------------------------------|--|-------------------------------------|----------|
|                 |                  |                              |  |                                     |          |
|                 |                  |                              |  |                                     |          |
|                 |                  |                              |  |                                     |          |
|                 |                  |                              |  |                                     |          |
|                 |                  |                              |  |                                     |          |

*\*Please use the following codes to complete the Program Type Column:*

- I = Instructor at a CE course or program (maximum of 20 CE hrs. per year)
- P = Participant or attendee at a CE course, seminar or program
- S = Self Study Course (unlimited)
- A = Author credit is being claimed (maximum of 10 CE hrs. per year)

Sub or carry over total:

Total No. of hours:

**IMPORTANT:** Please keep copies of your reported CPEs for your record.

This office is not responsible for keeping and providing copies of your reported CPEs, you the licensed CPA are responsible for keeping and maintaining your reported CPEs for up to three reporting cycles in the event you are selected for audit.

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