Continuing Professional Education (CPE) Hardship Exemption Request Form



<u>Instructions for a District to Request a CPE Exemption:</u>

- 1. Superintendent or designee completes Section I signature is required.
- 2. Teacher completes Section II signature is required.
- 3. Submit this request form using the secure Help Desk system CPE Exemption Request tile.
- 4. Submit one Help Desk ticket per teacher, including the completed form.
- 5. A confirmation email will be sent upon TEA receipt.
- 6. TEA staff will review the request and respond via email within 10-15 days with an approval or request for additional information.

Important: At the end of the exemption period, the educator's certificate will automatically be switched back to INVALID. To maintain a valid certificate, either:

- 1. The educator will need to apply for a certificate renewal in ECOS and pay the renewal fee for the five-year period confirming CPE compliance, **OR**
- 2. The district may request an additional year beyond the initial issuance academic year.

Instructions for a District to Renew a CPE Exemption for an Additional Year for a teacher:

- 1. Submit a separate Help Desk ticket in the CPE Exemption request tile for each teacher requesting an extension. Include justification for additional year extension.
- 2. A confirmation email will be sent upon TEA receipt.
- 3. TEA staff will review the request and respond via email within 10-15 days with an approval or request for additional information.

Section I – School District Information To be completed by superintendent or designee								
Name of School District								
Address	City	Zip Code	Phone Number					
Superintendent or Designee								
Last Name	First Name		Initial					
Email								

Signature (typed signatures are acceptable)					Date				
Add Academic Year Requested in the box below:									
Section II – Educator Information									
To be completed by educator									
Last Name	First Name					Initial			
TEA test ID Number or last 4 digits of SS#				Phone Number					
Address	City		State	ze Zip Code					
Email Date of B		e of Birt	rth						
Signature (typed signatures are acceptable)			Date						