Continuing Professional Education (CPE) Hardship Exemption Request Form



Instructions for a District to Request a CPE Exemption:

- 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 | e Zip Code | | | | | |
| Email Date of B | | e of Birt | th | | | | | | |
| Signature (typed signatures are acceptable) | | | Date | | | | | | |