CONTINUING PROFESSIONAL EDUCATION DIARY
CPE Reporting Cycle: July 1, _____ - June 30, _____

__Mr. __Ms. ____________________________________________________________

Last Name           First Name                              Middle Initial

Address _________________________________________________________________

City ___________________________ State _________ Zip________________________

Daytime Phone (_______) _______________________ ; Email___________________________________________

ACAT will accept any credential-related CPE that is accepted by any state board, by any NSA Affiliated State 
Organization, by the Internal Revenue Service or by an accredited university or college qualifies. CPE is accepted from 
live courses, as well as, self-study courses.

<table>
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<tr>
<th>Program Date</th>
<th>Sponsoring Organization or Program Title</th>
<th>Total CPE Hours Earned</th>
<th>Hours Earned by Subject Matter (Total must equal hours earned)</th>
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1 For correspondence courses, enter the course completion date.
2 Accounting courses include: Accounting, Auditing, Management Services, Economics, Functional Fields of Business, Finance.
3 “Other” includes: Computer Applications, Communication Arts, Statistics, Business Law, Marketing, Personnel Relations, Business Management & Organization, Administrative/Practice (engagement letters, fee structures, etc.).

I certify to the truth and accuracy of all statements and entries made on this form. I understand that ACAT reserves the right to request verification of the information reported here.

________________________________________________  __________________________________
Signature                             Date

Please keep a copy of this report for your records

ACCREDITATION COUNCIL FOR ACCOUNTANCY AND TAXATION
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