

CONTINUING PROFESSIONAL EDUCATION DIARY

CPE Reporting Cycle: July 1, ____ - June 30, ____ __Mr. __Ms. __ Last Name Middle Initial First Name Address City _____ 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. **Hours Earned by Subject Matter** (Total must equal hours earned) Program **Sponsoring Organization Total CPE** ACCTG **ETHICS** OTHER **TAXATION** Date or Program Title **Hours Earned** For correspondence courses, enter the course completion date. Accounting courses include: Accounting, Auditing, Management Services, Economics, Functional Fields of Business, Finance. "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.

Please keep a copy of this report for your records

Date

Signature