



DETAILED RECORD OF CONTINUING EDUCATION (CPE)

1. **COMPLETE AND SIGN THE FORM:** Failure to comply with the CPE audit may result in discipline against your license. If all courses/activities claimed do not fit on this form, make copies. **No other summary will be accepted. DO NOT list any CPE completed in compliance with a Board Order, for initial licensure, reinstatement or reactivation.**

Please print legibly if not completing this as a fillable pdf. **This information must be completed by the Licensee and attested to by the signature below. Note: Document cannot be altered after signing by electronic signature.**

2. **PRINT YOUR NAME:** _____ **CERTIFICATE/LICENSE No.** _____

3. **CHECK BELOW, IF APPLICABLE:**

- I have been granted an Extension/Hardship Exempt (Proof of Board Approval must be attached.)
- I was disciplined in the 2009/2010/2011 calendar years. **List complaint number(s):** _____
- My license status was **inactive** during the 2010/2011 calendar years. **List inactive dates:** _____
- My license status was **lapsed /expired** during the 2010/2011 calendar years. **List dates:** _____
- I was **initially** licensed during the 2010/2011 calendar years. **List date of initial licensure:** _____

4. **PLEASE TOTAL: SUMMARY RECORD OF CPE OBTAINED DURING THE 2010/2011 CALENDAR YEARS**

	PERSONAL DEVELOPMENT CPE HRS	CR&R/ETHICS CPE HRS	OTHER CPE HRS	TOTAL CPE HRS
TOTAL CPE HRS				

For the 2010 /2011 calendar years, you were required to complete 80 hours of CPE in compliance with Board Adopted AICPA/NASBA Statement of CPE Standards. No more than 16 of the 80 CPE hours may be in personal development, at least 4 of the 80 hours must be in ethics (2 of those 4 may be in CR&R). If you were not actively licensed during the entire reporting period you may have prorated CPE hour requirements.

5. **LIST ACTIVITIES BELOW:**

Number your attached proof of completion documents in the top right corner corresponding to the item number in the box.

Item No.	COURSE/ACTIVITY TITLE	DATE Completed	FIELD OF STUDY	<input checked="" type="checkbox"/> if CPE Teaching or Publishing	COURSE/ACTIVITY SPONSOR/PROVIDER	CPE HRS EARNED	For Office Use ONLY:	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Total Pg 1

6. **ATTESTATION & SIGNATURE**

I certify, under penalty of perjury, to the truth and accuracy of all representations made in this Report.

 **LICENSEE SIGNATURE** _____ **DATE** _____

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Item No.	COURSE/ACTIVITY TITLE	DATE Completed	FIELD OF STUDY	<input type="checkbox"/> if CPE Teaching or Publishing	COURSE/ACTIVITY SPONSOR/PROVIDER	CPE HRS EARNED	For Office Use ONLY:	
13								
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40								
<i>Total Pg 1</i>								
<i>Total Pg 2</i>								
<i>Grand Total</i>								