

Michigan Department of Licensing and Regulatory Affairs
Bureau of Commercial Services
Licensing Division
BOARD OF ACCOUNTANCY
P.O. Box 30018, Lansing, MI 48909
517-241-8205
www.michigan.gov/accountancy

AUTHORITY: P.A. 299 of 1980, as amended
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your application

CONTINUING PROFESSIONAL EDUCATION REPORTING AND VERIFICATION FORM

**YOU MUST PROVIDE CERTIFICATES OF COMPLETION, SIGNED BY THE SPONSORS,
FOR ALL PROGRAMS LISTED ON BOTH SIDES**

Check One:
<input type="checkbox"/> Reentry <input type="checkbox"/> Reciprocity <input type="checkbox"/> Reinstatement <input type="checkbox"/> Relicensure

Name:	Daytime Phone:	Certificate Number 11-01-
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GROUP PROGRAMS ATTENDED

Name and Address of Sponsor	Location at which Program was Given	Title of Program and Specific Subjects Covered	Date(s) Attended	Name of Principal Instructor or Discussion Leader	Qualifying Hours Claimed		
					Ethics	Accounting Auditing	Other
Totals							

TEACHER, INSTRUCTOR, SPEAKER, LECTURER, OR DISCUSSION LEADER

Qualifying hours claimed as a teacher, instructor, speaker, etc., may only be tripled for the initial presentation; in order to claim credit for repetitious presentations you must show that the subject matter has been changed. A maximum of 20 hours may be used in any one CPE period.

Name and Address of Sponsor	Location at which Program was Given	Title of Program and Specific Subjects Covered	Dates(s) Attended	Hours of Presentation			Qualifying Hours Claimed		
				Ethics	Accounting Auditing	Other	Ethics	Accounting Auditing	Other
TOTALS:									
HOURS CLAIMED: Less of TOTALS or 20 hours									

INDIVIDUAL SELF STUDY PROGRAMS

Credit may be claimed for self-study courses completed during the CPE period on the basis of the qualifying hours recommended by the sponsor. A maximum of 20 hours may be used in any one CPE period.

Name and Address of Sponsor	Title of Program and Specific Subjects Covered	Dates(s) Attended	Qualifying Hours Claimed		
			Ethics	Accounting Auditing	Other
TOTALS:					
HOURS CLAIMED: Less of TOTALS or 20 hours					

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CERTIFICATION

I certify that the continuing professional education reported on this form is true to the best of my knowledge.

Signature	Date
Type/Print Name	