

FLORIDA BOARD OF ACCOUNTANCY CPE REPORTING FORM ***ENDORSEMENT***

NAME: _____

SOCIAL SECURITY NO.: _____ * (See reverse side)

MAILING ADDRESS: _____

Please read instructions on the reverse side before completing this form.

Credit Hours Claimed As:
(No fractional hours)

Please note that a new address listed above does not constitute official notification to the Board of a change of address.

Name of Sponsor (check box if self study)	Sponsor Code (if applicable)	Date of Completion Mo. Day Yr.	Name of Course or Program	PARTICIPANT			INSTRUCTOR <small>(see inst. 8)</small>			TOTAL <small>(20 min.) (20 max.)</small>		
				A/A and/or GA/A	Technical Business	Behav- ioral	A/A	Technical Business	Behav- ioral	A/A	Technical Business	Behav- ioral
<input type="checkbox"/>												
<input type="checkbox"/>												
<input type="checkbox"/>												
<input type="checkbox"/>												
<input type="checkbox"/>												
<input type="checkbox"/>												
<input type="checkbox"/>												
<input type="checkbox"/>												
<input type="checkbox"/>												
<input type="checkbox"/>												
<input type="checkbox"/>												
<input type="checkbox"/>												
<input type="checkbox"/>												
<input type="checkbox"/>												
<input type="checkbox"/>												
<input type="checkbox"/>												
<input type="checkbox"/>												
<input type="checkbox"/>												
Cumulative totals brought forward from attached pages (if any)												
				TOTALS								

TOTAL OF ALL HOURS

I certify that the above information is true and correct and that the reported courses directly relate to enhancing my professional knowledge and competence. I have properly identified all sponsored courses with the correct sponsor code. I understand that any or all credit is subject to the Committee's review. I agree to retain all documentation relating to the above programs for two years after this reestablishment period.

Signed _____ Date _____

Name of Employer or Firm _____

**RETURN TO: Florida Board of Accountancy
240 N.W. 76th Drive, Suite A
Gainesville, FL 32607**

INSTRUCTIONS FOR COMPLETING THIS FORM

1. This form must be printed or typed and returned to the Florida Board of Accountancy. All information requested on the form must be completed. **Courses must be listed directly on the form to make it complete.** Incomplete forms cannot be evaluated and will be returned. (Licensees should retain a copy for their files). Xeroxed copies are acceptable. However, original signatures are required.

2. The minimum requirements for each two year reestablishment period are completion of at least 80 total hours, of which at least 20 hours must be in accounting and auditing (A/A) subjects and no more than 20 hours may be in behavioral subjects. The A/A category includes courses on financial reporting, financial auditing, the related pronouncements, and accounting for specialized industries. The Technical Business category includes courses on taxation, MAS, and general business subjects. The Behavioral category includes courses on oral and written communication, practice administration, management, and marketing.

3. Please indicate self-study or correspondence course(s) by writing the sponsors name and marking the box beside the sponsor's name. Please note all self-study continuing education courses qualifying for accounting and/or auditing and technical business credit must be taken from sponsors approved by NASBA's Quality Assurance Service (QAS) program. Sponsors that are approved QAS providers can be found on NASBA's website at www.nasba.org or by contacting NASBA at (615)880-4200.

4. If the course was presented by an approved sponsor, please enter the sponsor code. If the sponsor was not approved leave this area blank. Note that sponsors do not report for you. You must report all courses which you wish to have recorded.

5. When listing the sponsor code, be certain to complete the blanks with the alpha letter in the first column followed by the numeric digits.

6. Credit can be claimed for two types of activity: (1) hours earned as a participant and (2) hours earned as an instructor or lecturer. If you are reporting hours of instruction, you may claim double credit for the first presentation of the course, single credit for the second presentation of the same course, and no credit thereafter except for new content (See Rule 61H1-33.003 (4)(b)(3)).

7. List the hours claimed in the appropriate column. Report whole hours only, no fractions. Fractional hours must be rounded down to the nearest whole hour. Any fractional hour reported will be removed. Total all columns and indicate the total of all hours from all categories in the box at bottom.

8. The form must be signed and dated. Be sure to indicate your employer or firm name.

9. You are required to notify the Board office in writing of address changes (Rule 61H1-26.005). A change of address on this reporting form will not constitute official notification and will not result in an address change.

10. If there are any questions regarding the use of this form, contact the Board Office, 240 N.W. 76th Drive, Suite A, Gainesville, Florida, 32607, (352) 333-2500.

*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, social security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.