

**CPE SCHEDULING FORM
FOR FOUNDATION-ADMINISTERED PROGRAM
OVER 3 CPE CREDITS
2008-2009**

Instructions: Use this form to request the scheduling of programs over 3 CPE credits for the CPE year beginning June 1st and ending May 31st. Forms are due in the Foundation office by October 1st.

Please complete the information listed below:

CHAPTER: _____ DATE SUBMITTED: _____

SUBMITTED BY: _____

TITLE: _____

ADDRESS: _____

PHONE: _____

CHAPTER CPE COORDINATOR: _____

PROPOSED PROGRAMS

The programs listed below award participants more than 3 CPE credits and will be administered by the Foundation for Accounting Education upon approval.

PROPOSED DATE	TITLE	CREDITS

Send Completed Forms To:

Chapter Relations Liaison

Lelia Dickenson, (212) 719-8366 or ldickenson@nysscpa.org

(Brooklyn, Buffalo, Manhattan/Bronx, Queens, Rochester, Rockland, Staten Island, Westchester)

or Joyce Lewis, (212) 719-8379 or jlewis@nysscpa.org (Adirondack, Mid Hudson, Nassau, Northeast, Southern Tier, Syracuse, Suffolk, Utica)

Foundation for Accounting Education, 3 Park Avenue New York, NY 10016-5991 or Fax: (212) 719-3365

William Pape
Director, Member Relations Division

PROGRAM CONTENT: Please type or print the information listed below. For descriptions of the following program components, refer to the CPE Course Standards and Procedures Manual.

SECTION THREE	
Title: _____ _____	
Designed for: _____ _____	
Objective: _____ _____	
Topics: 1. _____ 2. _____ 3. _____	
Prerequisite _____	
Recommended CPE Credit: (50 Minutes equal one CPE credit, no fractions allowed)	
Technical _____ Nontechnical _____	
Field of Study Accounting _____ Advisory Services _____ Auditing _____ Ethics _____ Specialized Knowledge _____ Taxation _____	
Level: (check one) <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced Update <input type="checkbox"/> Update	Method of Presentation (check those that apply) <input type="checkbox"/> Lecture <input type="checkbox"/> Case Study Analysis <input type="checkbox"/> Panel Discussion <input type="checkbox"/> Question and Answer <input type="checkbox"/> Other _____
INSTRUCTOR INFORMATION (Attach a biography or resume for each instructor)	
Name: _____	Name: _____
Title: _____	Title: _____
Firm: _____	Firm: _____
Address: _____	Address: _____

FOR OFFICE USE ONLY	
Review Conducted by: _____	
Date of Approval _____	Course Code: _____
Comments: _____	

CPE REPORTING COVER LETTER

Instructions: This form should be completed for all Chapters CPE programs and forwarded to the Society office within two weeks of the presentation date. Records of these courses will be maintained in the NYSSCPA office for five years.

Chapter:

Program Title:

Date: _____

Time:

Location:

Speaker(s):

Recommended CPE Credits: Technical _____ Non-technical _____

No. of Registrants: _____ No. of No-Shows: _____ No. of Attendees: _____

We are forwarding the documentation shown below so that CPE credit can be verified for the attendees.

- _____ Course outline noting name and firm of preparer
- _____ Technical review Form
- _____ Promotional flyer
- _____ Biography of Speaker(s)
- _____ Final registration list and CPE Verification Forms
- _____ Speaker(s) CPE Verification Form(s)
- _____ Evaluation forms

Submitted by:

FOR OFFICE USE ONLY

Course Code: _____ Acro:

Date of Receipt: _____ Processed by:

Evaluation Rating:

TECHNICAL REVIEW FORM

Foundation for Accounting Education Chapter CPE Program

CHAPTER:

PROGRAM TITLE:

DATE:

LOCATION:

SPEAKERS:

I have reviewed the program material and in my opinion the preparer is qualified in the subject and all written matter is current.

SIGNATURE of REVIEWER

NAME (PLEASE PRINT)

FIRM NAME

FIRM ADDRESS

DATE

