

Committee Technical Session CPE Request Form

Please complete form and email to Briana Dinkins, bdinkins@nysscpa.org,
for processing at least 3 weeks prior to the program date.

Program Details

Committee Name: _____

Program Date: ____/____/____ (Must submit form 3 weeks prior to program date)

Program Location: NYSSCPA Office Off-site

Offsite Location Address:

Office Name: _____

Street: _____

Floor: _____

City, State, Zip: _____

CPE Start Time: ____:____ End Time: ____:____

Is this CPE session part of the committee's monthly meeting: Yes No

(If holding the Committee Meeting first, the meeting must start at least 10 min before CPE begins)

Meeting Start Time: ____:____ End Time: ____:____

Length of Technical Session: 1 Hour 2 Hour 3 Hour

Select Delivery Methods: (check all that apply):

In-Person Teleconference

Program Content

Program Title: _____

Designed for: _____

Objective: _____

Topics/Highlights: _____

(1) _____

(2) _____

(3) _____

Field of Study (CPE Credit Area):

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Auditing | <input type="checkbox"/> Accounting | <input type="checkbox"/> Specialized Knowledge/Applications |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> Advisory Services | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Attestation | | |

Course Level: Basic Intermediate Advanced Update

Speaker Details

Speaker Name(s): _____

Professional Title/Degree: _____

Firm: _____

Address: _____

Phone: _____ Email: _____

Speaker Name(s): _____

Professional Title/Degree: _____

Firm: _____

Address: _____

Phone: _____ Email: _____

Committee Contact Information

Contact Name: _____

Phone: _____

Email: _____

Required CPE Checklist: (Please email attachments directly to iberlyne@nysscpa.org)

- Course Outline:** *Attach separately. Required by the state board regulations*
- Speaker Bio:** *Submit one paragraph biography for each speaker*
- CPE Materials:** *Must be submitted **no later than 5 business days** in advance of session*

FAE STAFF USE ONLY

Date Approved: _____ Course Code: _____