

SOUTH DAKOTA BOARD OF ACCOUNTANCY
NON-SPONSOR CPE FORM VERIFICATION

COMPLETE THIS FORM AND ATTACH IT TO THE AGENDA FROM THE COURSE FOR NON-SPONSORED (NON-REGISTERED) CPE ONLY

Program Provider Name: _____

Program Provider Address: _____

Course Title: _____

Learning Objectives: _____

Location: _____

Number of CPE Hours (50 minutes=1 CPE Hour): _____

Instructional delivery or method used: _____

Date offered or completed: _____

Evaluation of Course:	Yes	No	N/A / Neutral
1. Did the material provided help meet the learning objective?	_____	_____	_____
2. Was the CPE program relevant to your job?	_____	_____	_____
3. Did the presenter help meet the learning objective?	_____	_____	_____
4. Overall was this CPE program effective?	_____	_____	_____

I confirm that this course meets the definition of ARSD 20:75:04:00(10); Informal Continuing Professional Education, CPE offered by an organization not in the business of providing CPE, which contributes to, increases or maintains competency levels of CPAs and PAs.

The provider is abdicating responsibility for retention of required documentation to the participating CPA or PA, according to ARSD 20:75:04:19, :20 & :21.

Signature of Provider

Date

Signature of CPA Attendee

Date