IOWA ACCOUNTANCY EXAMINING BOARD 200 E. Grand, Suite 350 Des Moines, IA 50309

CONTINUING EDUCATION REPORTING FORM

Name					
First		N	Middle	Last	
Certificatio	n Number				
Address:	Residence				
		Street			
	Phone				
		City		State	Zip code
Business					
		Firm Name			
	Phone				
		Street			
		City		State	Zip code
Which add	ress do you prefer fo	or correspondence?	Residence	eBusiness	

Summary of Hours (MUST BE COMPLETED TO BE PROCESSED)

Please refer to Chapter 10 of the Administrative Rules for definitions for reporting CPE.

www.state.ia.us/iacc

	DESCRIPTION
1	College courses (1 semester hour=15 hours CPE, 1 quarter hour=10 hours CPE)
2	Individual self study (50% limit of CPE)
3	Teaching/discussion leader/speaker (2 hours prep/1 hour teaching – 50% limit of CPE)
4	Books and/or articles published (25% limit of CPE or 30 hours maximum)
5	All other
6	SSARS-8 hrs required every 3 years for compilation services
7	Ethics – 4 hrs required every 3 years
	This information is required- incomplete grids will be returned

Technical	Non-Technical 50% Limit	Total
Toohnigal	Non Tashnigal	Total
	Technical	50% Limit

Year 20	Technical	Non-Technical 50% Limit	Total
1- COLLEGE COURSES			
2 - SELF STUDY 50% LIMIT			
3-DISCUSSION LEADER 50% LIMIT			
4 -BOOKS/ARTICLES 25% LIMIT			
5 - OTHER			
6 – SARRS 8 Hrs.			
7 - ETHICS 4 Hrs.			
TOTAL			

Year 20	Technical	Non-Technical 50% Limit	Total
1- COLLEGE COURSES			
2 - SELF STUDY 50% LIMIT			
3-DISCUSSION LEADER 50% LIMIT			
4 -BOOKS/ARTICLES 25% LIMIT			
5 - OTHER			
6 – SARRS 8 Hrs.			
7 – ETHICS 4 Hrs.			

CONTINUING EDUCATION ATTENDANCE RECORD

<u>FAILURE TO FOLLOW THESE INSTRUCTIONS MAY RESULT IN A RETURNED APPLICATION.</u> Number your support documentation in chronological order and attach in the order listed below. Please report in detail below all hours earned in the three-year period immediately preceding the date of this application. If attaching a spreadsheet or other document, the document must be in the identical format as that shown below.

Item Number	Date	Sponsoring Org. Name and Location (City, State)	Course Title	Code	Hours of Credit

Signature	Date Signed

I certify that all statements made herein are true to the best of my knowledge.

(This page will be destroyed after processing.)
REQUIRED FOR PROCESSING
Email Address:
Date of Birth
Date of Birth/
Social Security Number of Licensee:
Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), lowa Code §§ 261.126(1), 252D.8(1), 272J.8(1) and 193 IAC 4.4. The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of lowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed bylaw including lowa Code § 421.18. The Social Security Number will also be shared on a confidential basis with the National Association of State Boards of Accountancy, pursuant to lowa Code § 542.4(7), solely for use in a national database of licensees.
Updated 7-16-2013