

Utah CPE Registry

INDIVIDUAL CPE COURSE APPROVAL REQUEST FOR Group Study (Live Seminar)

Group Study is defined as a seminar provided by a third party vendor.

Applicant Name _____ Telephone _____

Mailing Address _____ e-mail _____

City _____ State _____ Zip _____

Course Sponsor _____ Telephone _____

Mailing Address _____

City _____ State _____ Zip _____

Application Date _____ Course Date _____

The following information and documentation **MUST** be submitted with this application or it will **NOT** be processed and will be returned for completion.

Course title _____

Instructor Name _____

Course location _____

Course Date(s) _____

Learning objective _____

Prerequisites (if any) _____

Advance preparation required (if any) _____

- Agenda** (breakdown of actual time spent by subject – attach to application)
- Instructor resume** (attach to application)
- Program content** (in the form of handouts, etc. - attach to application)
- Number of CPE hours requested** _____ (In determining the number of CPE hours to request, consider only actual productive class or student involvement. 50 minutes is equal to one hour CPE credit. Half hour credits are granted after the first hour of credit is gained.)
- An explanation of how this program maintains or increases your competency as a CPA. Use page 3 of this application.**
- Proof of completion in the form of a certificate** (attach to application)
- Sample Course evaluation form** (attach to application) must include evaluation of:
 - stated learning objective
 - stated prerequisite requirements were met
 - accuracy of program materials
 - relevance of program materials
 - time allotted to learning activity was appropriate
 - effectiveness of instructor(s)
 - facility and/or technological equipment was appropriate
 - handout or advance preparation materials were satisfactory
 - audio and video materials were effective)

Instructional delivery method (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> case studies | <input type="checkbox"/> programmed instruction |
| <input type="checkbox"/> computer-assisted learning | <input type="checkbox"/> teleconferencing |
| <input type="checkbox"/> lectures | <input type="checkbox"/> use of audio-visual aids |
| <input type="checkbox"/> group participation | <input type="checkbox"/> work groups |

Course level (check one)

- | | |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Advanced | <input type="checkbox"/> Update |
| <input type="checkbox"/> Intermediate | <input type="checkbox"/> Overview |
| <input type="checkbox"/> Basic | |

Processing Fee: (Payable by Check, Visa, MasterCard, Discover or American Express.)

Effective April 1, 2012

- UACPA Members \$25**
- Nonmembers \$50**

Note: Standard No. 5 of the Utah State Accountancy Act Rules governing CPE states: *CPE program sponsors of group and self-study programs must ensure learning activities are reviewed by qualified persons other than those who developed them to ensure that the program is technically accurate and current and addresses the stated learning objectives. These reviews must occur before the first presentation of these materials and again after each significant revision of the CPE programs. (i) Individuals or teams qualified in the subject matter must review programs. When it is impractical to review certain programs in advance, such as lectures given only once, greater reliance should be placed on the recognized professional competence of the instructors or presenters. Using independent reviewing organizations familiar with these standards may enhance quality assurance.*

By signing below I attest that the information provided is true to the best of my knowledge.

(Print Name)

(Signature)

(Date)

INDIVIDUAL CPE COURSE APPROVAL REQUEST FOR Group Study (Live Seminar)

Applicant Name _____

Course Title _____

Course Date _____

Course Provider _____

Within the following approved categories please indicate how this course improved, or will improve, your professional competence as a CPA.

Approved Areas for CPE	Hours of formal education in this subject area	Specific subjects of education and how this course improved, or will improve, my professional competency in this area.
Accounting & Auditing		
Taxation		
Management Advisory Services		
Information Technology		
Communication Arts		
Mathematics, Statistics, Probability and Quantitative Analysis		
Economics		
Business Law & Litigation Support		
Finance		
Business Production		
Marketing		
Personnel Relations, Development & Management		
Business Management & Organizations		
Social Environment of Business		
Specialized Areas of Industry such as Film Industry, Real Estate, Farming		

This section MUST be completed and attached to application or it will NOT be processed

INDIVIDUAL CPE COURSE APPROVAL REQUEST FOR Group Study (Live Seminar)

Applicant Name _____

Course Title _____

Course Date _____

Sponsoring Firm _____

For Registry Use only – Do not write below this line

- Approved Approval Date: _____ # of CPE Hours _____
- Approved pending receipt of:
 - Course Title**
 - Course Location**
 - Stated Learning Objective**
 - Prerequisite**
 - Advanced Preparation**
 - Agenda** (breakdown of actual time spent by subject – attach to application)
 - Instructor Resume**
 - Program content** (in the form of handouts, etc. – attach to application)
 - An explanation of how this program maintains or increases your competency as a CPA.**
 - Proof of completion in the form of a completion certificate** (attach to application)
 - Course evaluation form** (must include evaluation of stated learning objective, stated prerequisite requirements were met, accuracy of program materials, relevance of program materials, time allotted to learning activity was appropriate, effectiveness of instructor(s), facility and/or technological equipment was appropriate, handout or advance preparation materials were satisfactory, audio and video materials were effective)
 - Instructional delivery method** (delivery strategies such as case studies, computer-assisted learning, lectures, group participation, programmed instruction, teleconferencing, use of audio-visual aids, work groups)
 - Course level as stated by sponsor** (Advanced, intermediate, basic, update, overview)
- Declined (provide explanation): _____

Approval Expires: _____ approval # _____

Reviewed by:

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

Return form and supporting documentation to:
Utah CPE Registry
220 East Morris Avenue, Suite 320
Salt Lake City, UT 84115
(801) 466-8022 fax (801) 485-6206 www.uacpa.org