

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 450/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

**PUBLIC ACCOUNTING
CONTINUING PROFESSIONAL EDUCATION
REPORTING FORM**

PA-RF

NAME

LICENSE NUMBER

065 - _____

ADDRESS STREET, CITY, STATE, ZIP CODE

See PA-RF instructions sheets for complete INSTRUCTIONS. You are authorized to photocopy this form if additional space is needed. EACH form must bear an original signature and date.

Verifiable CPE

Total Qualifying Hours

Live Group CPE including Webinars	_____
Instructing / leading a CPE course	_____
Interactive Self Study CPE	_____
Non Interactive Self Study	_____
University or College Course	_____
Publishing an Article or Book or Developing /Reviewing a CPE Course	_____
Total Verifiable CPE Hours	_____

Non-Verifiable CPE

CPE, other than from a recognized educational or professional sponsor	_____
Work on technical committees of an international, national or state professional association or member organization	_____
Professional Reading of published materials that does not provide a certificate of completion or an assessment process	_____
Consultation with outside experts or research in a subject area new to the licensee or when regulations or standards have changed	_____
Total Non-Verifiable CPE Hours	_____
Total of all CPE Hours Claimed	_____

Under penalties of perjury, I declare I have examined this form and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature

Date