IOWA ACCOUNTANCY EXAMINING BOARD
6200 Park Avenue
Des Moines, IA 50321

CPE REPORTING FORM - COMPLETE ELECTRONICALLY AND SAVE-AS OR PRINT

Name _____
First Middle Last

Certification Number _____

Address: Residence _____
Street

Phone _____ _____
City State Zip code

Business _____
Firm Name

Phone_____ _____
Street

_____
City State Zip code

10.5(5) A licensee shall be deemed to have complied with the requirements of this rule if, for the period that the licensee is a resident of another state or district having a continuing professional education requirement, the licensee met the resident state's mandatory requirement.

☐ Please check this box if you qualify for the out-of-state residency provision. You may then return this page only.

Summary of Hours

(BOTH GRIDS MUST BE COMPLETED TO BE PROCESSED)

Please refer to Chapter 10 of the Administrative Rules IAC193A on reporting CPE.

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

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.			

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6 – SARRS 8 Hrs.			
7 – ETHICS 4 Hrs.			
		GRAND TOTAL	0

CONTINUING EDUCATION ATTENDANCE RECORD

FAILURE TO FOLLOW THESE INSTRUCTIONS MAY RESULT IN A RETURNED APPLICATION. Number your support documentation in chronological order and attach in the order listed below. If attaching a spreadsheet or other document, the document must be in the identical format as that shown below. **Hours input are totaled on page 7.**

NAME: _____

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

NAME: _____

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

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NAME: _____

Item Number	Date	Sponsoring Org. Name and Location (City, State)	Course Title	Code	Hours of Credit
			TOTAL		0