

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA BOARD OF ACCOUNTANCY
301 East 14th Street Suite 200, Sioux Falls, SD 57104
605-367-5770 accountancy.sd.gov

NON-SPONSOR CPE VERIFICATION

Instructions: Save/Download this form before entering information. Complete fields, save, and **attach the form to the timed agenda, as required by ARSD 20:75:04:16, from the course** for non-sponsored (non-registered) CPE only. This form is not for self-study, independent study, or nano-learning courses.

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 completed: _____

EVALUATION OF COURSE

- | | | | |
|--|-----|----|----------------|
| 1. Did the material provided help meet the learning objective? | Yes | No | N/A or Neutral |
| 2. Was the CPE program relevant to your job? | Yes | No | N/A or Neutral |
| 3. Did the presenter help meet the learning objective? | Yes | No | N/A or Neutral |
| 4. Overall, was this CPE program effective? | Yes | No | N/A or Neutral |

I confirm that this course meets the definition of ARSD 20:75:04:00(11); 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: _____

CPA Attendee (Print Name): _____ Date: _____