

# 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.

**Email form and supporting documentation to:**

April Deneault ad@uacpa.org

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.)
- ☐ **Number of Utah Laws & Rules hours requested** \_\_\_\_\_
- ☐ **Number of Ethics hours requested** \_\_\_\_\_
- ☐ **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:

- |   |   |
|---|---|
| <input type="checkbox"/> stated learning objective                          | <input type="checkbox"/> facility and/or technological equipment was appropriate    |
| <input type="checkbox"/> stated prerequisite requirements were met          | <input type="checkbox"/> handout or advance preparation materials were satisfactory |
| <input type="checkbox"/> accuracy of program materials                      | <input type="checkbox"/> audio and video materials were effective                   |
| <input type="checkbox"/> relevance of program materials                     |   |
| <input type="checkbox"/> time allotted to learning activity was appropriate |   |
| <input type="checkbox"/> effectiveness of instructor(s)                     |   |

**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.)

- ☐ **UACPA Members \$50**
- ☐ **Nonmembers \$75**

**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.

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(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.**

<b>Approved Areas for CPE</b>	<b>Hours of formal education in this subject area</b>	<b>Specific subjects of education and how this course improved, or will improve, my professional competency in this area.</b>
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**