

NEW JERSEY STATE BOARD OF ACCOUNTANCY¹
REQUEST FOR CPE CREDIT FOR UNREGISTERED SPONSOR'S COURSE²
(USE A SEPARATE FORM FOR EACH COURSE)

Name _____ License # _____

Mailing Address _____

_____ City _____ State _____ Zip Code _____

Daytime Telephone # _____ Fax # _____

E-mail Address _____

Name of Unregistered Sponsor _____

Mailing Address _____

_____ City _____ State _____ Zip Code _____

Contact Person _____

Daytime Telephone # _____ Fax # _____

Course Title _____

Date(s) of Course _____

Field of Study: (Check all that apply)

- | | | | |
|--|------------------------------------|--|--|
| <input type="checkbox"/> Accounting & Auditing | <input type="checkbox"/> Economics | <input type="checkbox"/> Management Advisory Services | <input type="checkbox"/> Professional Ethics |
| <input type="checkbox"/> Business Law | <input type="checkbox"/> Finance | <input type="checkbox"/> Mathematics, Statistics, etc. | <input type="checkbox"/> Personal Development |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Taxation | <input type="checkbox"/> SEC Practice | <input type="checkbox"/> Certain Practice Management |

Method of Delivery: (Check all that apply)

- | | | | | | |
|--|---|---|-------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Formal (Live) | <input type="checkbox"/> Convention | <input type="checkbox"/> Audio-conference | <input type="checkbox"/> Conference | <input type="checkbox"/> Live Webcast | <input type="checkbox"/> Case Study |
| <input type="checkbox"/> Group Study | <input type="checkbox"/> Video-conference | <input type="checkbox"/> Teleconference | <input type="checkbox"/> Lecture | <input type="checkbox"/> Firm Meeting | <input type="checkbox"/> Seminar |

Total Hours/Minutes of Course (minus breaks & lunch) _____ Requested Number of CPE Credits³ _____

The following documents **must** accompany this form:

1. A written statement that answers the following questions:
 - a. How does this course relate to the practice of accounting?
 - b. Describe how this course enhanced your professional knowledge and competency as a CPA, PA, or RMA.
2. Course outline/agenda with timeline and course description
3. Name & background of instructor/speaker/discussion leader (i.e., resume/bio)
4. Copy of certificate of completion and/or verification letter from course sponsor (per N.J.A.C. 13:29-6.11(a)5)
5. Promotional materials, program catalogues, invitations, or other descriptive items distributed to prospective participants in advance of the program.

1. The Board's mailing address is PO Box 45000, Newark, NJ 07101. Do not fax or email your submission.
2. CPE credit requests for the following will not be processed: 1) exempt sponsors' courses (see N.J.A.C. 13:29-6.6A), 2) self-study courses (see N.J.A.C. 13:29-6.5(a)4ii), and 3) college courses (see N.J.A.C. 13:29-6.5(a)2). CPE requirements (N.J.A.C. 13:29-6) are available at <http://www.njconsumeraffairs.gov/laws/accountancyregs.pdf>, page 29-19.
3. **Keep in mind there are other licensees that submitted credit requests ahead of yours. The CPE Committee meets approximately once a month & may not have enough time to review all submissions.**