

STATE BOARD OF ACCOUNTANCY

MAILING ADDRESS
STATE BOARD OF ACCOUNTANCY
P.O. BOX 2649
HARRISBURG, PA 17105

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STATE BOARD OF ACCOUNTANCY
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

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CONTINUING PROFESSIONAL EDUCATION PROGRAM SPONSOR INITIAL APPLICATION

\$145.00 NON-REFUNDABLE APPLICATION FEE

Check or money order only, made payable to the "Commonwealth of Pennsylvania."

There is a \$20.00 charge for all checks returned "not paid" regardless of the reason for non-payment.

Applications expire 1 year after receipt at the Board Office-Applicant must file a new application with fee after 1 year.

Complete using blue or black ink-no typewritten forms are accepted

SECTION 1:

SPONSOR NAME:		
CONTACT PERSON:		
SPONSOR ADDRESS	STREET	
	CITY/STATE/ZIP CODE	
BUSINESS TELEPHONE NUMBER AND EMAIL ADDRESS:		
Would you like us to communicate with you regarding this application via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION 2: Title and source of continuing education credit

National or State accounting organization
 University or college
 In-house education
 Individual study
 Other qualified organization

SECTION 3: Certification

We agree to offer CPE programs in one or more of the subject areas defined in §11.63 and we understand that CPE programs may be offered in subject areas other than those designated, and agree that we will not present for credit under the Pennsylvania CPA Law any CPE program in a subject area other than those designated without specific board approval of the program.

We agree that for each program we meet the requirements of §11.71. We understand that program records shall be subject to an offsite review by the board. We understand that the board may withdraw approval for any violation of §11.72.

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA.C.S. §4911.

Additionally, I certify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate.

Signature of sponsor representative-Same as contact person in Section 1

Date

SEE REQUIREMENTS AND INFORMATION LISTED ON REVERSE

THE FOLLOWING INFORMATION MUST ACCOMPANY THIS APPLICATION:

1. A list of existing or planned program offerings.
2. Total number of credit hours requested for each program. CPE credit must be at least 1 full hour in length.
3. Attendance certification method – Submit a sample of your sign-in sheet you will use to verify daily attendance. Additionally, attach a sample of your certificate of completion. Attached certificate is to be used as a sample only – create a certificate based on your firm/company.
4. Program objectives.
5. Admission requirements – Identify any pre-requisites to taking this course. Identify the experience level.
6. Program outlines – provide detailed information.
7. Instruction and evaluation methods – Evaluations are expected from both the participants and instructors. Submit sample evaluation forms for the speaker, instruction, program and facility.

NOTE: SUBMIT ALL INFORMATION ON 8 ½ X 11 PAPER, SINGLE-SIDED AND UNATTACHED. PLEASE PROVIDE TWO SETS OF ALL INFORMATION. PLEASE REVIEW THE CPA REGULATIONS REGARDING THE PROGRAM SPONSOR RESPONSIBILITIES AND INFORMATION REGARDING CPE REQUIREMENTS PRIOR TO SUBMISSION OF THIS APPLICATION.

IT IS THE RESPONSIBILITY OF THE PROGRAM SPONSOR TO MAINTAIN RECORDS OF ATTENDANCE FOR A 5-YEAR PERIOD.

INFORMATION:

Organizations approved by NASBA are not required to obtain separate approval from the Pennsylvania State Board of Accountancy (Board).

Upon approval by the Board, an applicant will be assigned a program sponsor number and a biennial registration from the Bureau of Professional and Occupational Affairs that reflects the program sponsor number.

An approved program sponsor shall renew its approval by December 31 of each odd-numbered year, beginning with January 2004.

A renewal application shall list the program sponsor's planned program offerings for the upcoming renewal period.

An approved program sponsor shall maintain a current address with the Board.

An approved program sponsor shall be subject to an off-site review of its continuing education programs.

CERTIFICATE OF COMPLETION (sample)

(NAME OF ORGANIZATION-PROGRAM SPONSOR)
(ADDRESS OF ORGANIZATION SPONSORING PROGRAM)

WE HEREBY CERTIFY THAT (ATTENDEE'S NAME): _____

HAS ATTENDED/COMPLETED OUR (COURSE NAME): _____

PROGRAM ON (DATE): _____

TYPE OF CPE CREDIT (GROUP OR INDIVIDUAL STUDY (INTERACTIVE OR
NON-INTERACTIVE)): _____ HOURS: _____

CATEGORY (A&A, TAX, OTHER): _____

PENNSYLVANIA SPONSOR # **PX**: _____

NAME OF AUTHORIZED
REPRESENTATIVE: _____

SIGNATURE OF AUTHORIZED
REPRESENTATIVE: _____

**NOTE: THIS IS A SAMPLE COPY ONLY-PROGRAM SPONSOR MUST
CREATE THEIR OWN CERTIFICATE.**