

**SOUTH DAKOTA BOARD OF ACCOUNTANCY
NON-SPONSOR CPE FORM VERIFICATION**

COMPLETE THIS FORM AND ATTACH IT TO THE AGENDA FROM THE COURSE FOR NON-SPONSORED (NON-REGISTERED) CPE ONLY. This form is not for self-study or independent study 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 offered or completed:

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

I confirm that this course meets the definition of ARSD 20:75:04:00(10); 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

Signature of CPA Attendee

Date