


OKLAHOMA ACCOUNTANCY BOARD

4545 N Lincoln Blvd. Ste 165

Oklahoma City, OK 73105

Telephone (405) 521-2397 • Fax: (405) 521-3118 • email okaccybd@oab.ok.gov • www.ok.gov/oab

CPE VERIFICATION FORM FOR NON-STANDARD LEARNING ACTIVITIES

Periodically, registrants participate in learning activities which do not comply with all applicable CPE requirements; for example, specialized industry programs offered through industry sponsors. Registrants who propose to claim credit for such learning activities may fill out this form for each session attended. The instructor or other authorized representative of the sponsor must sign the form for each session attended in order for credit to be claimed for the session. Sponsored learning activities are measured by program length, with one 50-minute period equal to one CPE credit. One-half CPE credit increments (equal to 25 minutes) are permitted after the first credit has been earned in a given learning activity. For learning activities in which individual segments are less than 50 minutes, the sum of the segments should be considered one total program. For learning activities greater than 50 minutes, credit should be rounded down to the nearest half credit. This form may be copied as many times as necessary.

Participant's Name (Please print): _____ Cert./Lic. No. _____
 Conference/Seminar Title: _____ Total CPE Credits Claimed: _____
 Location: _____ Date(s): _____
 Sponsor: _____ Sponsor phone number: _____
 Sponsor Address: _____
 Type of Instructional/Delivery Method used: _____ Instructor led _____ Other: _____

Session Title: _____
 Course
 Field of Study _____ Date: _____ Time: _____ through _____ Total Minutes: _____
 Print instructor's name: _____ Instructor's Signature: _____

Session Title: _____
 Course
 Field of Study _____ Date: _____ Time: _____ through _____ Total Minutes: _____
 Print instructor's name: _____ Instructor's Signature: _____

Session Title: _____
 Course
 Field of Study _____ Date: _____ Time: _____ through _____ Total Minutes: _____
 Print instructor's name: _____ Instructor's Signature: _____

Session Title: _____
 Course
 Field of Study _____ Date: _____ Time: _____ through _____ Total Minutes: _____
 Print instructor's name: _____ Instructor's Signature: _____

I certify that the above information is true and correct and that I am claiming credit only for time I was actually in attendance at the above sessions and only for sessions that enhance my professional competence as a CPA.

Participant's Signature_____
Date