


OKLAHOMA ACCOUNTANCY BOARD
201 NW 63rd Street, Suite 210, Oklahoma City, OK 73116
Phone: (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