## GEORGIA STATE BOARD OF ACCOUNTANCY CONTINUING EDUCATION REPORT FORM For the Two-Year Reporting Period Ending December 31, 20\_\_\_\_

## **PLEASE PRINT OR TYPE**

Be sure to sign and date in the space provided.

					CREDIT HOURS		
DATE(S) ATTENDED	COURSE TITLE	INSTITUTE, ORGANIZATION, OR AGENCY CONDUCTING COURSE	PHYSICAL OR WEBSITE LOCATION OF COURSE	A&A	OTHER	TOTAL	For Board Use ONLY.
Printed/Typed Name of Licensed Certified Public Accountant:		TOTAL HOURS REPORTED					
		Total Hours in Year 1 of Reporting Period					
		Total Hours in Year 2					
License Number: CPA		Carryover Hours from Prior Reporting Period					

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For the Two-Year Reporting Period Ending December 31, 20\_\_\_\_

PIFAS	SE PRII	NT OR	TYPE

Be sure to sign and date in the space provided.

AFFIDAVIT	
Sworn to and subscribed before me this day of	, 20
I certify that the above is true and accurate information and all required documentation is provided.	
	Notary Public
Signature of Licensed Certified Public Accountant	NOTARY SEAL
Printed/Typed Name of Licensed Certified Public Accountant	_
Daytime Telephone Number: ( )	
License Number: CPA	
License Issue Date:	

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