



**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.

**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.

\_\_\_\_\_  
**Signature of Licensed Certified Public Accountant**

**Notary Public** \_\_\_\_\_

**NOTARY SEAL**

\_\_\_\_\_  
**Printed/Typed Name of Licensed Certified Public Accountant**

Daytime Telephone Number: (        ) \_\_\_\_\_ - \_\_\_\_\_

License Number:            CPA \_\_\_\_\_

License Issue Date: \_\_\_\_\_