WEST VIRGINIA BOARD OF ACCOUNTANCY
CPE REPORTING FORM FOR YEAR ENDING DECEMBER 31, 2016
DUE ON OR BEFORE FEBRUARY 1, 2017

(PHOTOCOPY AS NECESSARY)

Total Course Hours ***	Ethics Course Hours	COURSE CLASSIFICATIONS			COURSE PROVIDER	COURSE LOCATION	TITLE OF COURSE, PROGRAM OR PUBLICATION	DATE(S) ATTENDED, COMPLETED OR PUBLISHED
		FIELD OF STUDY #	CATEGORY CLAIMED #	SOURCE #				

COURSE CLASSIFICATIONS
(PLEASE USE INFORMATION BELOW FOR THE APPROPRIATE COLUMNS ABOVE)

FIELD OF STUDY
1 ACCOUNTING & AUDITING
2 ADVISORY SERVICES
3 MANAGEMENT
4 PERSONAL DEVELOPMENT
5 SPECIALIZED KNOWLEDGE
6 TAXATION
7 GOVERNMENTAL
8 ETHICS

CATEGORY CLAIMED
1 LIVE PRESENTATION
2 COLLEGE CREDIT
3 SELF-STUDY/PAPER EXAM
4 VIDEO/SELF-STUDY WITH PAPER EXAM
5 VIDEO/LIVE GROUP STUDY
6 INTERACTIVE/WEB-BASED SELF-STUDY
7 WEBINAR/LIVE GROUP INTERNET*
8 LIVE TELECONFERENCE/SATELLITE LINK*
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9 I LEAD THE DISCUSSION
10 I TAUGHT THIS COURSE
11 I AM THE AUTHOR OF THIS PUBLISHED ARTICLE OR BOOK (provide copy of publication with reporting form)

SOURCE
1 WV PUBLIC ACCOUNTANTS ASSOC.
2 LOCAL CHAPTER OF CPAs
3 WV SOCIETY OF CPAs
4 OTHER STATE CPA SOCIETY
5 FIRM/OTHER ASSOCIATION
6 FIRM PROVIDED IN-HOUSE
7 COLLEGE OR UNIVERSITY
8 AICPA
9 NASBA APPROVED SPONSOR
10 WV GOVERNMENTAL AGENCY
11 IRS OR OTHER FEDERAL AGENCY
12 OTHER

*NASBA/AICPA approved Live Session only

REQUIRED INFORMATION

WV LICENSE # _____

NAME _____

EMPLOYER _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME ADDRESS _____

HOME CITY, STATE, ZIP _____

HOME PHONE: _____ BUSINESS PHONE: _____

*** Per *Statements on Standards for CPE Programs*, CPE credits for a program (not a session within the program) should be rounded down to the nearest ½ hour increment.

NEWLY CERTIFIED WV CPAs

___ I obtained my first certificate to practice during calendar year 2016 so I am exempt from securing CPE hours this calendar year.

REPORTING FORMS POSTMARKED AFTER FEBRUARY 1 MUST BE ACCOMPANIED WITH A LATE FILING FEE OF $150.00 MADE PAYABLE TO THE WEST VIRGINIA BOARD OF ACCOUNTANCY. (NO EXCEPTIONS.)

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QUESTIONS

Contact the Board Office at:

Phone: (304) 558-3557

Fax: (304) 558-1325

E-Mail: Stefani.D.Young@wv.gov

http:/www.boa.wv.gov/

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E-mail: _____

TOTAL HOURS SECURED IN 2016 0.0 0.0

_____ Ethics: _____

DATE SUBMITTED _____

By signing and dating below, I am certifying under penalties of perjury and false swearing, that the information I am submitting on this form is true and correct to the best of my knowledge.

SIGNATURE: _____

Please return this form to:

WV CPE Reporting Forms
West Virginia Board of Accountancy
405 Capitol Street, Suite 908
Charleston, WV 25301-1744

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Page 2 **Name of Licensee:**_____ **License Number:** _____