SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

SOUTH DAKOTA BOARD OF ACCOUNTANCY

301 E. 14th St. Suite 200, Sioux **Falls, SD, 57104** Tel: **605.367.5770** sdbdacct.sdbd@midconetwork.com

RECORD OF CONTINUING PROFESSIONAL EDUCATION

Full Name:_____

List all CPE completed in the past 12 months: _____ to _____

ARSD Chapter 20:75:04 requires certificate holders to maintain records substantiating continuing education credits claimed as prerequisites for certificate renewal.

CPE Type*	Course Title	Sponsor	Completion Date	Credit Hours Claimed

***CPE Type = Group (G), Self-Study (SS), University or College Instructor (UCI), Nano (N), University or College Course (UCC), Published article/Book/CPE Program (P) or Independent Study (IS).*

Yearly Total

Credit Hours Claimed (_____ to _____) 0.00 _____

(Use additional sheets in SAME FORMAT if necessary)