

California Board of Accountancy 2450 Venture Oaks Way, Suite 300 Sacramento, CA 95833 phone: (916) 263-3680 fax: (916) 263-3675 web: www.cba.ca.gov



Participant Attendance Confirmation Form

The California Board of Accountancy (CBA) is confirming attendance (not registration) at the continuing education course(s) listed on the following page. This written confirmation is an essential step in the CBA's review of the licensee's compliance with the continuing education requirements.

To be completed by the lice	ensee:	
Name of Licensee:	License #	
I authorize the course provid below.	er below to verify my hours of a	ttendance for the course(s) listed
Signature of Licensee:		Date:
To be completed by the co	urse provider:	
Name of Provider:		
Address of Provider:		
following page. The attendar	nce records, for the herein ident nce hours are correct except for:	
Provider Signature:		Date:
Please return the form to the	CBA at <u>renewalinfo@cba.ca.go</u>	ov (preferred), or by mail at:
	California Board of Accounta Renewal & Continuing Comp 2450 Venture Oaks Way, Su Sacramento, CA 95833	etency Unit

Participant to Complete						Provider to Complete	
Method of Presentation	Subject Code ¹	Title of Course	Date	CE Hours Claimed	Attended Yes No		

 $^{^{1}}$ T = Technical. N = Non-Technical. A = Accounting and Auditing. G = Governmental Auditing. E = Ethics. F = Fraud. R = Regulatory Review.