



**CPE Credit Instructions  
2019 Audit Educators' Bootcamp  
June 18-20, 2019 • Chicago, IL**

To receive CPE Credit for the 2019 Audit Educators' Bootcamp you must complete the following two steps:

1. Fill out the **Record of Participation** below. This record of your participation is kept on file as proof of your attendance in compliance with NASBA Statement on Standards for Continuing Professional Education (CPE) Programs.
2. Complete the **Continuing Professional Education (CPE) Course Form**, print a copy for your records then submit to the American Accounting Association, email: [cpe@aaahq.org](mailto:cpe@aaahq.org), 9009 Town Center Parkway, Lakewood Ranch, FL 34202.

**Record of Participation**

I, \_\_\_\_\_ (print name) attended the 2019 Audit Educators' Bootcamp, June 18-20, 2019 at the Deloitte Office in Chicago, Illinois.

Date: \_\_\_\_\_

**Continuing Professional Education Course Form**

Date, Time, Field of Study, Credit Hour	Session Name	Credit Hour
<b>Tuesday, June 18, 2019</b>		
9:00 am - 12:00 pm Auditing - 3.2 CH	Audit Bootcamp Welcome and Course Overview; Overview of an Audit; PCAOB Update; Audit Planning, Audit Risk	
1:00 pm - 5:00 pm Auditing - 4.5 CH	Materiality, Data Analytics and Audit Innovation, Overview KPMG Audit Methodology	
<b>Wednesday, June 19, 2019</b>		
8:00 am - 12:00 pm Auditing - 4.5 CH	Controls Part One	
1:00 pm - 5:00 pm Auditing - 4.5 CH	Controls Part Two	
<b>Thursday, June 20, 2019</b>		
8:00 am - 12:00 pm Auditing - 4.5 CH	Substantive Testing Part One	
1:00 pm - 4:00 pm Auditing - 3.2 CH	Substantive Testing Part Two	
	<b>Total Credit Hours</b>	

**Total CPE Credit Hours** (Each Credit Hour is based on 50 Minutes)

Credit hours are recommended in accordance with the Statement on Standards for Continuing Professional Education (CPE) Programs. Your state board is the final authority for the number of credit hours allowed for a particular program. **AAA's NASBA Registry Sponsor number is 108313.**

I certify that I attended the sessions indicated above.

Name: \_\_\_\_\_ Institution/Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

AAA Member # \_\_\_\_\_ CPA Cert.# \_\_\_\_\_ State of Origin: \_\_\_\_\_ CMA Cert. # \_\_\_\_\_

Email: \_\_\_\_\_