



**2019 FAS Midyear Meeting**  
**March 1-2, 2019 • St. Louis, MO**  
**Continuing Professional Education Course Form**

This is your Continuing Professional Education course form. Please complete this online 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.

Date	Time	Session Name	Credit Hour
<b>Friday, March 1, 2019</b>	9:45 am - 11:45 am	Preconference Workshop Information Technology - 2.4 CH	
	1:10 pm - 2:40 pm	General Session, Fighting Fraud with Forensic Analytics Auditing - 1.8 CH	
	3:00 pm - 4:30 pm	1.01: Rationalization Behavioral Ethics - 1.8 CH	
	3:00 pm - 4:30 pm	1.02: Financial Disclosures Accounting - 1.8 CH	
	3:00 pm - 4:30 pm	1.03: Teaching Cases 1 Accounting - 1.8 CH	
<b>Saturday, March 2, 2019</b>	7:00 am - 8:20 am	Breakfast, Providing Expertise Auditing - 1.0 CH	
	8:30 am - 10:00 am	General Session, Cybersecurity Services Marketplace Auditing - 1.8 CH	
	10:20 am - 11:50 am	2.01: Teaching Cases 2 Accounting - 1.8 CH	
	10:20 am - 11:50 am	2.02: Research in Progress Accounting - 1.8 CH	
	10:20 am - 11:50 am	2.03: Auditor Judgment Auditing 1.8 CH	
	12:00 pm - 1:30 pm	Lunch, Professional Landscape of Fraud Accounting - 1.0 CH	
	1:45 pm - 3:15 pm	3.01: Accounting 1 Accounting - 1.8 CH	
	1:45 pm - 3:15 pm	3.02: Consulting and Expert Witnessing in the Taxation Area Taxes - 1.8 CH	
	1:45 pm - 3:15 pm	3.03: Fraud Detection 1 Accounting - 1.8 CH	
	3:30 pm - 5:00 pm	4.01: Fraud Detection 2 Accounting - 1.8 CH	
	3:30 pm - 5:00 pm	4.02: Accounting 2 Accounting - 1.8 CH	
3:30 pm - 5:00 pm	4.03: Moral Reasoning Behavioral Ethics - 1.8 CH		
		<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.

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

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

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

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

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