



FOUNDATION FOR ACCOUNTING EDUCATION
DEVELOPMENT STANDARDS / CHAPTER TECHNICAL SESSION REQUEST FORM
CHAPTER TECHNICAL SESSIONS - 3 CREDITS OR LESS
(4-8 credit conferences cannot be submitted using this form. Contact FAE to obtain form)

INSTRUCTIONS: Use this form to request the Foundation to review all chapter CPE programs. Only programs pre-approved by the Foundation will qualify for CPE credits and notification will be sent to the sponsoring community of practice or committee chairperson within one week of receipt. **Forms are due in the Foundation office 4 weeks prior to program date.** Please note that program presentation materials are due 2 weeks prior to the program.

NOTE: COURSE WILL NOT BE PROMOTED TO THE MEMBERSHIP UNTIL THIS FORM IS RETURNED AND TOPICS ARE APPROVED FOR CPE CREDIT.

Please complete the information listed below. Return form to the FAE Coordinator at psaresende@nysscpa.org

CHAPTER: _____ DATE OF REQUEST: _____

If you do not want this session recorded, please indicate below:

Do Not Record

SECTION ONE	
SUBMITTED BY:	FOR OFFICE USE ONLY
Name:	Course Code:
Email:	PID:
Phone:	Date of Approval
Community or Committee:	

SECTION TWO - PROGRAM INFORMATION		
Program Title:		
Location:		
<i>(include room number or floor if applicable)</i>		
Address:		
Date:	Time:	Program registration contact: <i>(Contact information to be posted with event)</i>
Registration Fee:	Maximum Attendee/Room Capacity:	Name: _____
Member: \$ _____	_____	Email Address: _____
Nonmember: \$ _____		_____

PROGRAM CONTENT: For descriptions of the following program components, refer to the CPE Course Standards and Procedures Section of the Chapter Handbook

SECTION THREE								
Who Should Attend: _____								
Learning Objective: _____								
Topics: 1. _____ 2. _____ 3. _____								
Prerequisite: _____								
CPE CREDIT REQUESTED: Please indicate the number of credits next to the field of study <i>(Note: 50 minutes equal one CPE credit, no fractions allowed)</i>	Accounting: Advisory Services: Auditing:	Specialized Knowledge: Taxation: TOTAL CREDITS REQUESTED: _____						
Level: (check one) <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Update	Method of Presentation: (check those that apply) <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Lecture</td> <td style="width:50%;">Case Study Analysis</td> </tr> <tr> <td>Panel Discussion</td> <td>Question and Answer</td> </tr> <tr> <td>Other _____</td> <td></td> </tr> </table>		Lecture	Case Study Analysis	Panel Discussion	Question and Answer	Other _____	
Lecture	Case Study Analysis							
Panel Discussion	Question and Answer							
Other _____								
INSTRUCTOR INFORMATION (Attach a biography or resume for each instructor. If more the 4, add an additional sheet with name and complete contact information)								
SPEAKER ONE: Name: Firm: Address: Email: Phone:	SPEAKER TWO: Name: Firm: Address: Email: Phone:							
SPEAKER THREE: Name: Firm: Address: Email: Phone:	DO YOU HAVE A SPONSOR IDENTIFIED? Name: Company: Email: Phone: Notes:							