



ALASKA SOCIETY OF INDEPENDENT ACCOUNTANTS (ASIA)

P.O. Box 3176 ~ Soldotna, Alaska 99669

CPE REPORTING FORM

NAME:		PTIN:	
ADDRESS:		EMAIL ADDRESS:	
CITY:		CONTACT PHONE:	
TYPE OF MEMBERSHIP:		CHAPTER:	
Active <input type="checkbox"/>		Associate <input type="checkbox"/>	
		Non-Resident <input type="checkbox"/>	
		Student <input type="checkbox"/>	
Practicing Lifetime <input type="checkbox"/>		Non-Practicing Lifetime <input type="checkbox"/>	
		Other <input type="checkbox"/>	

This is a CPE reporting year. Please complete the following statement and sign below.

I certify that I have obtained _____ hours of CPE required by ASIA*. Please maintain appropriate records so that documentation is available if requested by ASIA. The 2-year reporting period is 10/1/2015 to 9/30/2017.

PRINT YOUR NAME: _____

Signature: _____

*Active membership in ASIA requires you to complete 48 hours of CPE during the two-year reporting period.