CPE Quizzer Answer Sheet

CHECKPOINT LEARNING

CPE Network Accounting & Auditing Report
CPEN010
01/25

**You will have one year from your date of receipt to
complete this program and submit the quizzer in order to obtain credit.**

First Name:

Last Name:

Firm Name:

Firm Address:

City: State /ZIP:

Firm Phone: Fax No:

Firm Fax No:

Email:

Licensing State: License No:

CFP License (if applicable): PTIN No. (if applicable):

A Certificate of Completion will be issued with a passing grade of 70 percent or better **within three (3) weeks of submission**. You will be sent a make-up test if you fail. You are responsible for submitting a CPE Reporting Form to your State Board or professional organization. Contact your State Board for complete information regarding your status or requirements.

Email: CPLGrading@CeriFi.com

ANSWERS:

Please indicate your answer by filling in the appropriate circle as shown: Fill in like this ● not like this / ✓ X

	A	B	C	D			A	B	C	D			A	B	C	D			A	B	C	D
1.	○	○	○	○		5.	○	○	○	○		9.	○	○	○	○		13.	○	○	○	○
2.	○	○	○	○		6.	○	○	○	○		10.	○	○	○	○		14.	○	○	○	○
3.	○	○	○	○		7.	○	○	○	○		11.	○	○	○	○		15.	○	○	○	○
4.	○	○	○	○		8.	○	○	○	○		12.	○	○	○	○						

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