CPE Quizzer Answer Sheet

CHECKPOINT LEARNING

CPE Network Accounting & Auditing Report
CPEN010
8/23

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: _____

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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.

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