

CPE Network Accounting & Auditing Report

CPEN010

01/24

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
- 1.
- 2.
- 3.
- 4.

- A B C D
- 5.
- 6.
- 7.
- 8.

- A B C D
- 9.
- 10.
- 11.
- 12.

- A B C D
- 13.
- 14.
- 15.