

**CPE Network Accounting & Auditing Report
CPEN010
10/24**

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	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. ○	○	○	○				