

CPE Answer Sheet



CeriFi CPE Network Accounting & Auditing Report

CPEN010

09/26

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: grading-cpedge@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.	☐	☐	☐	☐