

Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

AFFIDAVIT OF COMPLETION OF CONTINUING EDUCATION REQUIRED FOR ACCOUNTING REINSTATEMENT OF LICENSURE

Please complete the following table with the requested information and return to the Department.

| NAME OF COURSE SPONSOR (Do not use abbreviations) | COURSE TITLE & COURSE CONTENTS DESCRIPTION (A copy of course completion certificate must be submitted with this form.) | DATE(S) | CREDIT HOURS |
|--|---|---------|-----------------|
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| | | | |
| | | | |
| TOTAL HOURS OF CONTINUING EDUCATION | | | |

I hereby certify that I have completed _____ hours of continuing education for reinstatement of my Certified Public Accountant credential and I have submitted evidence of this to the Accounting Examining Board.

Name: _____
PRINT OR TYPE NAME

_____ WISCONSIN CPA LICENSE NUMBER

Date: _____

Signature: _____

Making a false statement in connection with an application for licensure is grounds for revocation or denial of this license.