

FOUNDATION FOR ACCOUNTING EDUCATION
DEVELOPMENT STANDARDS / CHAPTER TECHNICAL SESSION REQUEST FORM
CHAPTER TECHNICAL SESSIONS - 3 CREDITS OR LESS
(4-8 credit conferences cannot be submitted using this form. Contact FAE to obtain form)

INSTRUCTIONS: Use this form to request the Foundation to review all chapter CPE programs. Only programs pre-approved by the Foundation will qualify for CPE credits and notification will be sent to the sponsoring committee chairperson within one week of receipt. **Forms are due in the Foundation office 4 weeks prior to program date.** Please note that program presentation materials are due 2 weeks prior to the program.

NOTE: COURSE WILL NOT BE PROMOTED TO THE MEMBERSHIP UNTIL THIS FORM IS RETURNED AND TOPICS ARE APPROVED FOR CPE CREDIT.

Please complete the information listed below. Return form to the FAE Coordinator at nfavichia@nysspca.org.

CHAPTER: _____ **DATE OF REQUEST:** _____

If you do not want this session recorded, please indicate below:

Do Not Record

SECTION ONE	
SUBMITTED BY:	FOR OFFICE USE ONLY
Name:	Course Code:
Email:	PID:
Phone:	Date of Approval
SPONSORING COMMITTEE:	

SECTION TWO - PROGRAM INFORMATION		
Program Title:		
Location:		
<i>(include room number of floor if applicable)</i>		
Address:		
Date:	Time:	Program registration contact: <i>(Contact information to be posted with event)</i>
Registration Fee:	Maximum Attendee/Room Capacity	Name: _____
Member: \$ _____	_____	Email Address: _____
Nonmember: \$ _____	_____	_____

PROGRAM CONTENT: For descriptions of the following program components, refer to the CPE Course Standards and Procedures Section of the Chapter Handbook

SECTION THREE		
Who Should Attend: _____		
Learning Objective: _____		
Topics: 1. _____ 2. _____ 3. _____		
Prerequisite _____		
CPE CREDIT REQUESTED: Please indicate the number of credits next to the field of study <i>(Note: 50 minutes equal one CPE credit, no fractions allowed)</i>	Accounting: _____ Advisory Services: _____ Auditing: _____	Specialized Knowledge: _____ Taxation: _____ TOTAL CREDITS REQUESTED: _____
Level: (check one) <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced Update <input type="checkbox"/> Update	Method of Presentation (check those that apply) <input type="checkbox"/> Lecture <input type="checkbox"/> Case Study Analysis <input type="checkbox"/> Panel Discussion <input type="checkbox"/> Question and Answer <input type="checkbox"/> Other _____	
INSTRUCTOR INFORMATION (Attach a biography or resume for each instructor if more the 4 add an additional sheet with name and complete contact information)		
SPEAKER ONE: Name: Firm: Address: Email: Phone:	SPEAKER TWO: Name: Firm: Address: Email: Phone:	
SPEAKER THREE: Name: Firm: Address: Email: Phone:	SPEAKER FOUR: Name: Firm: Address: Email: Phone:	