RENEWAL APPLICATION PACKAGE CE-RR-2 (11/17) REGULATORY REVIEW COURSE



California Board of Accountancy 2450 Venture Oaks Way, Suite 300 Sacramento, CA 95833

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REGULATORY REVIEW COURSE APPROVAL CONTINUANCE APPLICATION

City: Contact Person Information	State:	ZIP Code:
Contact Person Information		
Name:		
Telephone Number: ()	Email <i>A</i>	Address:
Course Title		Approval Number
Authorized Signature		Date

REGULATORY REVIEW COURSE CERTIFICATION FOR COMPLIANCE AGREEMENT

This agreement must be signed and returned with the Approval Continuance Form.

I certify that the statements, answers, and representations in this agreement, the Approval Continuance Form, and any supplemental statements, are true and accurate, including the following:

- 1. I have read Sections 87.8 and 87.9 of the California Board of Accountancy Regulations specifying continuing education in Regulatory Review and agree to comply with requirements pertaining to providers, course approval and content.
- 2. I authorize the California Board of Accountancy to review relevant records and to audit any course to ensure compliance with the requirements of Section 87.9, at any time during the approval term.
- 3. As the provider, I agree to the following:
 - a. to be the responsible party for all presentations.
 - b. to retain required records for a period of eight years, including course outlines and accurate participant attendance records (course completion), and, in the case of self-study courses, test scores.
 - c. to provide certificates of completion as described in Section 89(b) of the California Board of Accountancy Regulations, and that the certificates must contain the course approval number.
 - d. to be responsible for the quality and content of the course by requiring and ensuring that the course be regularly updated to reflect current information.
 - e. to comply with the provisions of Section 17500 of the Business and Professions Code, Division 7, Part 3, Chapter 1, regarding false or misleading advertising.

I am a program provider representative authorized to sign this Certification and Compliance Agreement.	
Course Title	
Authorized Signature	Date
Print or Type Name	Position
Company	