



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

phone: (916) 263-3680 fax: (916) 263-3675 web: www.cba.ca.gov



## PARTICIPANT ATTENDANCE CONFIRMATION FORM

PLEASE MAIL THIS FORM TO THE CONTINUING EDUCATION PROVIDER

Name of Licensee: \_\_\_\_\_ License # \_\_\_\_\_

I authorize the course provider below to verify my hours of attendance for the course(s) listed below.

Signature of Licensee: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Provider: \_\_\_\_\_

Address of Provider: \_\_\_\_\_

The California Board of Accountancy (CBA) is confirming attendance (not registration) at the continuing education course(s) listed below. This written confirmation is an essential step in the CBA’s review of the licensee’s compliance with the continuing education requirements.

PARTICIPANT TO COMPLETE				PROVIDER TO COMPLETE	
Location of Course	Title of Course Content/Description	Date	CE Hours Claimed	Attended	
				Yes	No

### TO BE COMPLETED BY THE COURSE PROVIDER

Information from our attendance records, for the herein identified licensee, is noted above.

The attendance hours are correct with the exception of: \_\_\_\_\_

\_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PROVIDER, PLEASE RETURN THIS FORM WITHIN 15 DAYS OF RECEIPT OF REQUEST TO:

California Board of Accountancy  
 Renewal & Continuing Competency Unit  
 2450 Venture Oaks Way, Suite 300  
 Sacramento, CA 95833