Pacific Northwest Chapter/ACFE

Certification of Continuing Professional Education (CPE) Form

I, _____ certify that I have viewed the following listed fraud videos, DVDs, or other fraud related training materials to complete this training:

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_____

On the date of: _____, I am claiming _____ hours of Continuing Professional Education (CPE) for this training which are applicable to my training requirements for the following fiscal year(s): _____; _____.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

FOR CHAPTERE USE ONLY:

Date fraud training materials returned to Chapter Library: _____

Chapter Librarian's Signature: _____

Chapter Librarian's Printed Name: _____