

**North Carolina State Board of Certified Public Accountant Examiners**

1101 Oberlin Road, Suite 104 • PO Box 12827 • Raleigh NC 27605-2827

Phone 919-733-1423 • Fax 919-733-4209 • Web www.nccpaboard.gov

**CPE Sponsor Register - Supplementary Form for Additional Courses**

(Type 6 Sponsors Only)

**Instructions:** Please complete this form and the Supplementary Schedule of Courses and include a one-page typed outline for each new course that you list on that schedule. Please attach a mock-up of any advance advertising that you will use (i.e. brochure, newspaper ad, etc.). If the course that you wish to register is self-study, please include a statement explaining how the course was pre-tested to determine the average completion time. The Board must receive all information in time to approve your organization to offer new courses at least 30 days prior to the presentation date.

**Note:** A 30-day advance notice of the date, time, and location of each group study course is required for every course you offer under the terms of your sponsor agreement. Please be sure that your notice contains all information required by 21 NCAC 08G .0403(d)(3) or you will jeopardize your sponsor status.

Sponsor Name: \_\_\_\_\_

Signature of Administrator \_\_\_\_\_

Sponsor Number: \_\_\_\_\_

Date: \_\_\_\_\_

For Board Staff Use

- |                            |       |                             |       |
|----------------------------|-------|-----------------------------|-------|
| 1) Supplementary Schedule? | _____ | 6) 21 NCAC 08G .0403(d)(3): |       |
| 2) Course Outline?         | _____ | (a) course content?         | _____ |
| 3) Approved Subject Area?  | _____ | (b) prerequisites?          | _____ |
| 4) 30-day Notice?          | _____ | (c) advance prep?           | _____ |
| 5) Disclaimer?             | _____ | (d) course level?           | _____ |
|                            |       | (e) teaching method?        | _____ |
|                            |       | (f) CPE credit?             | _____ |

Staff Recommendation: \_\_\_\_\_ Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Committee Guidance

Comments \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

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**CPE SPONSOR APPLICATION  
SUPPLEMENTARY SCHEDULE OF COURSES**

For each additional course, list the course name, approved field of study [21 NCAC 08G .0404(b)], and the recommended number of CPE credit hours. This form may be copied if necessary.

Type 6 sponsors must attach program outlines or course descriptions to this form for each course listed. If any courses are self-study, please include a statement explaining how the courses were pre-tested to determine the average completion time.

**NOTE:** Applications for CPE sponsorship by Type 6 sponsors cannot be considered for Board approval unless the Supplementary Schedule of Courses is completed.

Course Title	Approved Field of Study	CPE Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____