



2019 TLC Midyear Colloquium
November 8-9, 2019 • Tampa, FL
Continuing Professional Education Course Form

This is your Continuing Professional Education course form. Please complete this online form, print a copy for your records then submit to the American Accounting Association, email: cpe@aaahq.org, 9009 Town Center Parkway, Lakewood Ranch, FL 34202.

Date	Time	Session Name	Credit Hour
Friday, November 8, 2019	1:30 pm - 2:30 pm	Plenary Session Specialized Knowledge - 1.2 CH	
	2:45 pm - 4:15 pm	Research 1.01: An Article Reviewing Exercise to Inform Your Own Manuscript Development — Specialized Knowledge - 1.8 CH	
	2:45 pm - 4:15 pm	Teaching 1.02: Ed Talks from Award-Winning Educators Specialized Knowledge - 1.8 CH	
	5:30 pm - 7:00 pm	Reception w/the Scholarship & Art of Research & Teaching Forum Specialized Knowledge - 1.0 CH	
Saturday, November 9, 2019	9:00 am - 10:40 am	Research 2.01: Types of Education Research by Award Winning Authors Specialized Knowledge - 2.0 CH	
	9:00 am - 10:40 am	Teaching 2.02: The Changing Landscape of Accounting Education Specialized Knowledge - 2.0 CH	
	11:00 am - 12:15 pm	Research 3.01: How to Manage Your Revise and Resubmit Specialized Knowledge - 1.5 CH	
	11:00 am - 12:15 pm	Teaching 3.02: Blockchain: Bridging the Professional Education Gap Specialized Knowledge - 1.5 CH	
	1:30 pm - 3:10 pm	Research 4.01: Accounting Education Research Dialogue Session Accounting - 2.0 CH	
	1:30 pm - 3:10 pm	Teaching 4.02: Teaching Roundtables Specialized Knowledge - 2.0 CH	
	3:30 pm - 5:00 pm	Closing Session: The Gen Z Worldview Specialized Knowledge - 1.8 CH	
Total Credit Hours			

Total CPE Credit Hours (Each Credit Hour is based on 50 Minutes)

Credit hours are recommended in accordance with the Statement on Standards for Continuing Professional Education (CPE) Programs. Your state board is the final authority for the number of credit hours allowed for a particular program. **AAA's NASBA Registry Sponsor number is 108313.**

I certify that I attended the sessions indicated above.

Date: _____ Email: _____

Name: _____ Institution/Firm: _____

Address: _____

City: _____ State: _____ ZIP: _____

AAA Member # _____ CPA Cert.# _____ State of Origin: _____ CMA Cert. # _____