2021 Accounting Information Systems Bootcamp
June 3-4, 2021 - Virtual
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
Thursday, June 3, 2021	11:00 am - 12:05 pm	Practice #1: Pandemic Driven Practice and Training Changes Accounting - 1.0 CH	
	12:15 pm–1:05 pm	Teaching Session #1: Basic Analytics with Alteryx Accounting - 1.0 CH	
	1:25 pm–2:15 pm	Teaching Session #2: Unstructured Data Challenges Accounting - 1.0 CH	
	2:25 pm–3:15 pm	Teaching Session #3: Customizing Analytics Cases for use in YOUR class Accounting - 1.0 CH	
	3:25 pm–4:20 pm	Practice #2: Disruptive Technology Shaping the Future of the Profession Accounting - 1.0 CH	
	4:30 pm–5:00 pm	Mini Session: Subject Matter Expertise from Software Providers Accounting - 0.5 CH	
Friday, June 4, 2021	11:00 am–11:50 am	Teaching Session #4: Robotic Process Automation (RPA) Accounting - 1.0 CH	
	12:00 pm–12:50 pm	Teaching Session #5: Drones for Audit Automation Accounting - 1.0 CH	
	1:10 pm–2:00 pm	Lessons from Practice #3: Impact of Distributed Ledger Technology Accounting - 1.0 CH	
	2:10 pm–3:00 pm	Teaching Session #6: Introducing AI Modeling Concepts to Students Accounting - 1.0 CH	
	3:10 pm–4:00 pm	Practice #4: New hire panel - What I Wish I'd Known Accounting - 1.0 CH	
	4:10 pm–5:00 pm	Teaching Session #7: Process Mining Accounting - 1.0 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. # _____