



**2023 Joint Meeting of the  
Diversity and Teaching,  
Learning and Curriculum  
Sections**

**October 20 – 21, 2023**

**Bethesda, MD**

**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](mailto:cpe@aaahq.org), 9009 Town Center Parkway, Lakewood Ranch, FL 34202. **Please allow 4-6 weeks for verification and processing of your credit hours.**

Start Date			Session Name	CPE Field	CPE Hour
Friday, Oct 20, 2023	1:30 PM	2:30 PM	Welcome Remarks and Plenary Session	Behavioral Ethics 1.2 CH	
	3:00 PM	4:30 PM	1.01 Diversity Panel	Accounting - 1.8 CH	
	3:00 PM	4:30 PM	1.03 TLC ED Talks I	Accounting - 1.8 CH	
	3:00 PM	4:30 PM	1.04 TLC Research Papers I	Accounting - 1.8 CH	
Saturday, Oct 21, 2023	9:00 AM	10:30 AM	Opening Remarks and Plenary Session	Accounting - 1.8 CH	
	10:45 AM	12:15 PM	2.01 Diversity Research Papers: Auditing	Auditing - 1.8 CH	
	10:45 AM	12:15 PM	2.02 DIV Research Papers: DEIB	Behavioral Ethics 1.8 CH	
	10:45 AM	12:15 PM	2.04: TLC Panel	Accounting - 1.8 CH	
	12:15 PM	1:30 PM	Lunch Presentation	Accounting - 1.0 CH	
	1:45 PM	3:15 PM	3.01: DIV Research Papers: Gender	Accounting - 1.8 CH	
	1:45 PM	3:15 PM	3.02 DIV Research Papers: Corporate	Accounting - 1.8 CH	
	1:45 PM	3:15 PM	3.03 TLC Research Papers II	Accounting - 1.8 CH	
	1:45 PM	3:15 PM	3.04 TLC ED Talks II	Accounting - 1.8 CH	
	3:30 PM	4:30 PM	The Ethics of AI in Accounting Ed Panel	Behavioral Ethics 1.2CH	
				Total	

**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. # \_\_\_\_\_