



**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, 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	10:45 AM	12:15 PM	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. # _____