

2024 Joint Meeting of the Diversity and Teaching, Learning and Curriculum Sections October 25-26, 2024 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: mycpe@aaahq.org 9009 Town Center Parkway, Lakewood Ranch, FL 34202. Please allow 4-6 weeks to process.

Time	Session Name	Field of Study	Credit Hour	
Friday, Octob	er 25, 2024			
1:30 PM	Welcome and Plenary	Personnel/Human Resources 1.2 CH		
3:00 PM	1.01 Diversity Research Papers: Accounting Pipeline	Accounting - 1.8 CH	N/A	
	1.02 Intentionally Left Blank	N/A		
	1.03: TLC ED Talks 1	Information Technology - 1.8 CH		
	1.04: TLC Research Papers I	Accounting - 1.8 CH		
Saturday, Oct	ober 26, 2024			
9:00 AM	Saturday Plenary	Personnel/Human Resources 1.2 CH		
10:45 AM	2.01 Diversity Research Papers: Workplace	Accounting - 1.8 CH		
	2.02 Diversity Research Papers: Corporate	Accounting - 1.8 CH		
	2.03: TLC Research Papers II	Information Technology - 1.8 CH		
	2.04: TLC Research/Teaching Forum I	Accounting - 1.8 CH		
12:15 PM	Lunch with Keynote Speaker	Information Technology - 1.0 CH		
1:45 PM	3.01 Diversity Research Papers: Auditing	Auditing - 1.8 CH		
	3.02 Diversity Research Papers: ESG	Accounting - 1.8 CH		
	3.03: TLC ED Talks II	Accounting - 1.8 CH		
	3.04: TLC Research/Teaching Forum II	Information Technology - 1.0 CH		
3:30 PM	Plenary: Real Talk: Publishing in Diversity and Education	Behavioral Ethics - 1.2 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. #	