

75 min se 2024 Strategies for Success in the Classroom Waltham, MA June 10-11, 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.

| Monday, June 10, 2024 | | | | |
|------------------------|---|--|--|--|
| 10:00 am-11:00 am | Module 1- Accounting- 1. 2 CH | | | |
| | Professional Decorum and Setting Expectations | | | |
| 11:15 am-12:30 pm | Module 2 - Accounting- 1.4 CH | | | |
| | Presentation and Facilitation Skills | | | |
| 1:30 pm-3:00 pm | Module 3 - Accounting- 1.8 CH | | | |
| | Testing and Grading | | | |
| 3:15 pm-4:15 pm | Module 4 -Accounting- 1.2 CH | | | |
| | Academic Integrity in the Age of AI | | | |
| | Module 5 - Accounting- 1.2 CH | | | |
| 4:15 pm-5:15 pm | Balancing Research, Teaching and Service Demands | | | |
| Tuesday, June 11, 2024 | | | | |
| 9:30 am-11:00 am | Module 6-Accounting- 1.8 CH | | | |
| | Creating the Inclusive Classroom | | | |
| 11:15 am-12:30 pm | Module 7 -Accounting- 1.4 CH | | | |
| | Case-Based Teaching and Flipping the Classroom | | | |
| 1:30 pm-2:45 pm | Module 8 - Accounting- 1.4 CH | | | |
| | Managing the Inclusive Classroom and Office Hours | | | |
| 3:00 pm-4:00 pm | Module 9 -Accounting- 1.4 | | | |
| | Teaching Philosophy | | | |
| | Total Number of CPE 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: |
| | _CPA Cert.# | State of Origin: | _CMA Cert. # |