

**C P E R e p o r t i n g F o r m  
 6 / 3 0 / 2 0 1 4**

**Complete and submit both pages of this form by December 31, 2014.**

Refer to Minnesota Rules 1105.3000 – 1105.3200 for CPE requirements and limitations.

Full Name: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Fiscal Year ended June 30	Course hours from Approved Sponsors (not including self-study)	Self-Study course hours from a NASBA Quality Assurance Service Sponsor	Course hours from Non-Approved Sponsors (not including Self-Study)	Total
2012				
2013				
2014				
Deduct carry-back hours included above which were used to satisfy the hour requirements for years ended June 30, 2011 and prior.				
Add carry-back hours earned after June 30, 2014 needed to satisfy the requirements for the three years ended June 30, 2014. <b>If you have not yet notified the Board, you must include documentation of your courses and the CPE late fees with this reporting form. See below. **</b>				
<b>Total for Three Years</b> (Must equal at least 120 hours)				

\*\* A licensee not in compliance with the CPE requirements on June 30<sup>th</sup> of each year shall be assessed a late processing fee of \$50 for the first month, or partial month, of noncompliance and \$25 per month, or partial month, of noncompliance thereafter **until the date the licensee is in compliance with this part and provides documentation of compliance in writing to the Board.**

*Important:* If you are not in compliance with the CPE requirements by June 30<sup>th</sup> and you need to use "carry-back" hours from the subsequent fiscal year, the CPE non-compliance fees continue to accrue until the date you submit your certificates of completion for carryback hours along with payment of the CPE non-compliance fees to the Board (not the date you took the CPE).

**Non-Resident Certificate Holders:** If you hold an active certificate in your state of principal place of business you do not need to comply with specific Minnesota CPE hour requirements or complete the form on page 3 if you comply with the CPE requirements of the state you indicated and that state has CPE requirements for renewal of a certificate or license. **(Not applicable for Wisconsin residents.)**

Indicate Principal State: _____
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Please give a breakdown of your CPE hours for each fiscal year in the following tables:

<b>Fiscal Year 2012 (Hours completed July 1, 2011 to June 30, 2012)</b>				
<b>Type of Credits</b>	<b>Course hours from approved sponsors - not including self-study</b>	<b>Self-study course hours from a NASBA Quality Assurance Service sponsor</b>	<b>Course hours from non-approved sponsors - not including self-study</b>	<b>Total</b>
General				
Ethics				
Personal Development				
Teaching		N/A		
Writing				
				<b>Total for fiscal year ending June 30, 2012</b>

<b>Fiscal Year 2013 (Hours completed July 1, 2012 to June 30, 2013)</b>				
<b>Type of Credits</b>	<b>Course hours from approved sponsors - not including self-study</b>	<b>Self-study course hours from a NASBA Quality Assurance Service sponsor</b>	<b>Course hours from non-approved sponsors - not including self-study</b>	<b>Total</b>
General				
Ethics				
Personal Development				
Teaching		N/A		
Writing				
				<b>Total for fiscal year ending June 30, 2013</b>

<b>Fiscal Year 2014 (Hours completed July 1, 2013 to June 30, 2014)</b>				
<b>Type of Credits</b>	<b>Course hours from approved sponsors - not including self-study</b>	<b>Self-study course hours from a NASBA Quality Assurance Service sponsor</b>	<b>Course hours from non-approved sponsors - not including self-study</b>	<b>Total</b>
General				
Ethics				
Personal Development				
Teaching		N/A		
Writing				
				<b>Total for fiscal year ending June 30, 2014</b>

Have you been convicted of a felony in the past year? \_\_\_ Yes\* No \_\_\_

*\*If you answered yes, include felony type, date, count, sentence and any other relevant information on a separate sheet of paper.*

I certify that the information on this form is accurate and understand that any misrepresentation could result in revocation of my certificate.		
Printed Name		Signature
Certificate Number	Date	Daytime Phone Number