

Certificate of Continuing Education



California Society of Enrolled Agents
and Affiliated Chapters

FIRST NAME

Event

LAST NAME

Date

PTIN

Location

LICENSE TYPE

Check all that apply

Enrolled Agent

CPA

CFP

Attorney

CTEC

Other [SPECIFY]: _____

LICENSE #

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PROGRAM:

INSTRUCTOR:

CATEGORY:

IRS: Program # WZA09-

CTEC: Course # 1001-CE-

Hours

Initial
if Attended

PROGRAM:

INSTRUCTOR:

CATEGORY:

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CTEC: Course # 1001-CE-

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if Attended

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INSTRUCTOR:

CATEGORY:

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Hours

Initial
if Attended

Incomplete Forms
will not be processed for credit.

Submit form at the the end of the day
or the close of the event.

I Certify That I Attended & Completed The Programs Indicated Above.

Attendee
Signature

Date

CE Provider
Signature