  
**Continuing Professional Education Credit Certificate**

Questar III State Aid & Financial Planning Service

10 Empire State Blvd. Castleton NY 12033

*Knowledge Café Webinar*

Please sign and send to: [dmarkell@questar.org](mailto:dmarkell@questar.org)

State Aid Planning will return a signed copy of this form for your records.

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| --- | --- | --- | --- | --- | --- |
| **Name:** | | | | | |
| **CPA Certification Number:** | | | | | |
| **District or BOCES Name:** | | | | | |
| **Street:** | | | | | |
| **City, State and Zip Code:** | | | | | |
| **Telephone:** | | | | | |
| **Email:** | | | | | |
| **Date** | **Start**  **Time** | **End**  **Time** | **Session Title** | **NYS Recognized Field of Study** | **Minutes Attended** |
| 05/21/25 | 9 AM | 10 AM | Review of the SBO Calendar for June | Specialized Knowledge |  |

CPE credit is measured by the length of the webinar, with a minimum of 50 minutes equaling one contact hour. Contact hours in one-half hour increments, equal to 25 minutes, are acceptable after the first full credit has been earned in a given webinar.

I certify that I attended the above titled session(s) for the amount of time noted:

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(*signature*)

Attendance recorded by Questar III:

(*signature*)