

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Delores Steinert
PARTICIPANT'S ADDRESS: 1801 S. Church St, Smithfield VA 23430

PARTICIPANT'S EMAIL ADDRESS: deeSteinerT@bealeandcurran.com

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00 9:00-10:50	Dr. Doug Ziegenfuss	<u>110</u>	<input checked="" type="radio"/> 5 4 3 2 1	<input checked="" type="radio"/> 5 4 3 2 1	<input checked="" type="radio"/> 5 4 3 2 1
Total Minutes attended		<u>110</u>			

Were the course objectives met?

Yes

General comments:

Good class as always!



Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: TERESA MASTERS THERESA. MASTERS

PARTICIPANT'S ADDRESS: 170 MEDDING WAY N.N. VA 23606

PARTICIPANT'S EMAIL ADDRESS: THERESA.MASTERS@DCAA.MIL

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
9:00 - 10:50	Dr. Doug Ziegenfuss	1:40 COMMENTS	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Total Minutes attended		_____			

Were the course objectives met?

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Jin Hawkins

PARTICIPANT'S ADDRESS: 232 Albany Dr. Hampton VA 23666

PARTICIPANT'S EMAIL ADDRESS: _____

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00	Dr. Doug Ziegenfuss	<u>120</u>	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1
	Total Minutes attended	<u>120</u>			

Were the course objectives met?

Yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: ALAN ALTSCHULER

PARTICIPANT'S ADDRESS: _____

PARTICIPANT'S EMAIL ADDRESS: aaltschuler@yahoo.com

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent

4 = Very Good

3 = Average

2 = Fair

1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
9:00-10:00 9:00-10:30	Dr. Doug Ziegenfuss	120 110	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Total Minutes attended		120 110			

Were the course objectives met?

Yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Anna M. Lloyd

PARTICIPANT'S ADDRESS: 732 Thimble Shoek Blvd, #701, Newport News, VA 23606

PARTICIPANT'S EMAIL ADDRESS: alloyd@annamlloydcpa.com

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent

4 = Very Good

3 = Average

2 = Fair

1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00 9:00-10:40	Dr. Doug Ziegenfuss	<u>100</u>	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1
Total Minutes attended		<u>100</u>			

Were the course objectives met?

Yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Joseph W. MORRIS

PARTICIPANT'S ADDRESS: 201 BRIGHTON Circle
Newport News VA 23602

PARTICIPANT'S EMAIL ADDRESS: jmorris@cnu.edu

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
9:00-10:50					
8:20-10:00	Dr. Doug Ziegenfuss	<u>100</u>	<u>5</u> 4321	<u>5</u> 4321	<u>5</u> 4321
Total Minutes attended		<u>100</u>			

Were the course objectives met?

yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Roger Hamilton

PARTICIPANT'S ADDRESS: 11832 Rock Landing Suite 101
Newport News, VA

PARTICIPANT'S EMAIL ADDRESS: rhamilton@dyscpa.com

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00 9-11	Dr. Doug Ziegenfuss	<u>100</u>	<u>5</u> 4321	<u>5</u> 4321	<u>5</u> 4321
Total Minutes attended		<u>100</u>			

Were the course objectives met?

YES

General comments:

Good job Doug Thanks

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: E. Curtis Smith

PARTICIPANT'S ADDRESS: _____

PARTICIPANT'S EMAIL ADDRESS: Curt.smith@dcaa.mil

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00	Dr. Doug Ziegenfuss	_____	5 3 2 1	5 3 2 1	5 4 3 2 1
Total Minutes attended		_____			

Were the course objectives met?

Yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Vanessa Sims

PARTICIPANT'S ADDRESS: 118 Plainfield Dr
Newport News, VA 23602

PARTICIPANT'S EMAIL ADDRESS: VG80Sims@Verizon.net
vsims@cnu.edu

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
9:00-10:50					
8:20-10:00	Dr. Doug Ziegenfuss		<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1
Total Minutes attended		<u>1hr 50min</u>			

Were the course objectives met?

Yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: HARRY FAGAN

PARTICIPANT'S ADDRESS: _____

PARTICIPANT'S EMAIL ADDRESS: H.FAGAN@HARRYFAGANLPA.COM

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
<u>9:00-10:50</u>					
<u>8:20-10:00</u>	Dr. Doug Ziegenfuss	<u>110</u>	5 <u>4</u> 3 2 1	5 <u>4</u> 3 2 1	5 <u>4</u> 3 2 1
Total Minutes attended		<u>110</u>			

Were the course objectives met?

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: JO WOLFLEY

PARTICIPANT'S ADDRESS: PBmares 424 McLaws Circle
WmSB VA 23105

PARTICIPANT'S EMAIL ADDRESS: jjwolfley@pbmares.com

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
9:00-10:40					
8:20-10:00	Dr. Doug Ziegenfuss	<u>100</u>	<u>5</u> 4321	<u>5</u> 4321	<u>5</u> 4321
Total Minutes attended		<u>100</u>			

Were the course objectives met?

YES

General comments:

DR Z. ALWAYS MAKES THIS CPE INTERESTING.

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Kristen Lavender
PARTICIPANT'S ADDRESS: 208 Packer Ct., Wmng, VA 23185

PARTICIPANT'S EMAIL ADDRESS: kristen.lavendercpa@cox.net

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00 9:00-10:45	Dr. Doug Ziegenfuss	<u>120</u>	(5)4321	(5)4321	(5)4321
Total Minutes attended		<u>120</u>			

Were the course objectives met?

Yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Jacqueline Edens

PARTICIPANT'S ADDRESS: _____

PARTICIPANT'S EMAIL ADDRESS: _____

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00	Dr. Doug Ziegenfuss	_____	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Total Minutes attended		<u>105</u>			

Were the course objectives met?

Yes

General comments:

Dr. Z makes the course subject matter interesting -

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Lawrence Myers

PARTICIPANT'S ADDRESS: 113 Browns Neck Road
Poquoson Va 23662

PARTICIPANT'S EMAIL ADDRESS: lawrence.myers@basilconstructionco.co.

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00 9:00-10:40	Dr. Doug Ziegenfuss	<u>100</u>	(5)4321	(5)4321	5(4)321
	Total Minutes attended	<u>100</u>			

Were the course objectives met?

Yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: JOHN J McCORMACK

PARTICIPANT'S ADDRESS: 113 JUSTICE GRICE
WILLIAMSBURG VA 23185

PARTICIPANT'S EMAIL ADDRESS: jmccormack4@verizon.net

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00	Dr. Doug Ziegenfuss	<u>100</u>	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1
	Total Minutes attended	<u>100</u>			

Were the course objectives met?

yes!

General comments:

Glad to have it on Peninsula.

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Mary Piatak

PARTICIPANT'S ADDRESS: 11832 Rock Landing Dr., Ste 101
Newport News, VA 23606

PARTICIPANT'S EMAIL ADDRESS: mpiatak@dyscpa.com

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00	Dr. Doug Ziegenfuss	<u>100</u>	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1
<u>9:00-10:40</u>	Total Minutes attended	<u>100</u>			

Were the course objectives met?

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Sherry Spranke

PARTICIPANT'S ADDRESS: 116 King Henry Way, Williamsburg, VA 23188

PARTICIPANT'S EMAIL ADDRESS: sherry.spranke@~~caacpa.org~~caacpa.org

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
9:00 - 10:50					
8:20 - 10:00	Dr. Doug Ziegenfuss	<u>110</u>	5 <u>4</u> 3 2 1	5 <u>4</u> 3 2 1	5 <u>4</u> 3 2 1
Total Minutes attended		<u>110</u>			

Were the course objectives met?

yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: James Whitmore

PARTICIPANT'S ADDRESS: DCAA, 6060 Jefferson Ave. 11th Floor
Newport News, VA

PARTICIPANT'S EMAIL ADDRESS: James.Whitmore@dcaa.mil

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
9:00-11:00					
8:20-10:00	Dr. Doug Ziegenfuss	<u>120</u>	(5)4321	(5)4321	(5)4321
Total Minutes attended		<u>120</u>			

Were the course objectives met?

Yes.

General comments:

Great presentation. Very informative.

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Susan J. Chamberlain

PARTICIPANT'S ADDRESS: 270 Butler Road, Williamsburg, VA 23188

PARTICIPANT'S EMAIL ADDRESS: SChamberlain@pbmaces.com

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good (3) = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
^{9 AM} 8:20-10:00	Dr. Doug Ziegenfuss	_____	(5) 4 3 2 1	5 4 (3) 2 1	(5) 4 3 2 1
Total Minutes attended		<u>115</u>			

Were the course objectives met?

Yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Andrew R Brooks

PARTICIPANT'S ADDRESS: 118 Border RD
Yorktown VA 23692

PARTICIPANT'S EMAIL ADDRESS: andrew.brooks@dcaa.mil

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent

4 = Very Good

3 = Average

2 = Fair

1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00	Dr. Doug Ziegenfuss	<u>120</u>	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1
Total Minutes attended		<u>120</u>			

Were the course objectives met?

Yes

General comments:

Very Good

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Zeenat Snedden

PARTICIPANT'S ADDRESS: 1535 Humbledon Loop
Chesapeake, VA 23320

PARTICIPANT'S EMAIL ADDRESS: Zeenat.Snedden@Zelted.com

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent

4 = Very Good

3 = Average

2 = Fair

1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00	Dr. Doug Ziegenfuss	_____	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Total Minutes attended		_____			

Were the course objectives met?

General comments:

Excellent Instructor

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: MICHAEL S. HAIGH

PARTICIPANT'S ADDRESS: 701 TOWN CENTER DR, STE 900
NEWPORT NEWS, VA 23606

PARTICIPANT'S EMAIL ADDRESS: _____

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent

4 = Very Good

3 = Average

2 = Fair

1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00	Dr. Doug Ziegenfuss	<u>100</u>	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1
Total Minutes attended		<u>100</u>			

Were the course objectives met?

YES

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: BRONACH BRANAN

PARTICIPANT'S ADDRESS: 117 CROSSPOINTE CT.
YORKTOWN, VA 23693

PARTICIPANT'S EMAIL ADDRESS: bronach_kelly@hotmail.com

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00	Dr. Doug Ziegenfuss	<u> </u>	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
	Total Minutes attended	<u>8:50-10:45</u>			

Were the course objectives met?

YES.

General comments:

Thought provoking / Reminder to maintain professional
skepticism, continually question. Cybersecurity interesting
topic to finish on - 2

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Michael Mendelsohn

PARTICIPANT'S ADDRESS: 305 Coinjock Run Yorktown VA 23693

PARTICIPANT'S EMAIL ADDRESS: MMendelsohn@MVAVirginiaIns.com

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent

4 = Very Good

3 = Average

2 = Fair

1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00	Dr. Doug Ziegenfuss	<u>100</u>	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

Total Minutes attended _____

Were the course objectives met?

Yes

General comments:

Great course!

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Mark Adams

PARTICIPANT'S ADDRESS: 96 Queens Ct
Newport News, VA 23606

PARTICIPANT'S EMAIL ADDRESS: _____

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00	Dr. Doug Ziegenfuss	_____	5 <input checked="" type="radio"/> 3 2 1	5 <input checked="" type="radio"/> 3 2 1	5 4 3 <input checked="" type="radio"/> 2 1
9:00-11:00	Total Minutes attended	<u>100</u>			

Were the course objectives met?

Yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: REBECCA H BUTLER CPA
PARTICIPANT'S ADDRESS: 12610 Patrick Henry Dr Ste F
Newport News, VA 23602
PARTICIPANT'S EMAIL ADDRESS: rhbcpa95@aol.com

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00	Dr. Doug Ziegenfuss	<u>120</u>	<input checked="" type="radio"/> 4 3 2 1	<input checked="" type="radio"/> 4 3 2 1	<input checked="" type="radio"/> 5 4 3 2 1
Total Minutes attended		<u>120</u>			

Were the course objectives met?

Yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Tom Carmine

PARTICIPANT'S ADDRESS: 1815 Ebb Cove Ct
Newport News, VA 23602

PARTICIPANT'S EMAIL ADDRESS: _____

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
7:00 - 10:40					
8:20-10:00	Dr. Doug Ziegenfuss	<u>120</u>	<u>5</u> 4321	<u>5</u> 4321	<u>5</u> 4321
Total Minutes attended		<u>120</u>			

Were the course objectives met?

Yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Janine Hernandez

PARTICIPANT'S ADDRESS: 437 Evergreen Way
Smithfield, VA 23450

PARTICIPANT'S EMAIL ADDRESS: jphernandezcpa@gmail.com

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00	Dr. Doug Ziegenfuss	<u>100</u>	<input checked="" type="radio"/> 5 4 3 2 1	<input checked="" type="radio"/> 5 4 3 2 1	<input checked="" type="radio"/> 5 4 3 2 1
Total Minutes attended		<u>100</u>			

Were the course objectives met?

Yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: THOMAS R. BROOKS
PARTICIPANT'S ADDRESS: 21 DOUGLAS DRIVE NEWPORT NEWS, VA 23601

PARTICIPANT'S EMAIL ADDRESS: TBROOKS@PBMARES.COM

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

9:00-
10:40

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00	Dr. Doug Ziegenfuss	<u> </u>	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1
Total Minutes attended		<u>108</u>			

Were the course objectives met?

YES
General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: PAUL W. WEAKLEY

PARTICIPANT'S ADDRESS: 110 SHOREHAM LANE
WILLIAMSBURG, VA 23185

PARTICIPANT'S EMAIL ADDRESS: PWSEAPA45@GMAIL.COM

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00	Dr. Doug Ziegenfuss	<u>100</u>	<u>5</u> 4321	<u>5</u> 4321	<u>5</u> 4321
	Total Minutes attended	<u>100</u>			

Were the course objectives met?

YES

General comments:

N/A

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA
PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs
PARTICIPANT'S NAME: GORDON F. CHAPPELL
PARTICIPANT'S ADDRESS: 402 W DOKE OF GLOUCESTER ST
WILLIAMSBURG VA 23185
PARTICIPANT'S EMAIL ADDRESS: SKIPCHAPPEAOL.COM

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent (4) = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00	Dr. Doug Ziegenfuss	<u>100</u>	(5) 4 3 2 1	(5) 4 3 2 1	(5) 4 3 2 1
	Total Minutes attended	<u>100</u>			

Were the course objectives met?

yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Betty Temko

PARTICIPANT'S ADDRESS: 2200 Chesapeake Ave
Hampton, Va. 23661

PARTICIPANT'S EMAIL ADDRESS: bettytemko@yahoo.com

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8-10:45 8:20-10:00	Dr. Doug Ziegenfuss	<u>100</u>	<input checked="" type="radio"/> 5 4 3 2 1	<input checked="" type="radio"/> 5 4 3 2 1	<input checked="" type="radio"/> 5 4 3 2 1
Total Minutes attended		<u>100</u>			

Were the course objectives met?

Yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: MARK Suiter

PARTICIPANT'S ADDRESS: 306 Autumn Way
Yorktown VA 23693

PARTICIPANT'S EMAIL ADDRESS: MSuiter@maida.com

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
9:00-10:40					
8:20-10:00	Dr. Doug Ziegenfuss	<u>100</u>	<u>5</u> 3 2 1	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1
	Total Minutes attended	<u>100</u>			

Were the course objectives met?

Yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME:

PARTICIPANT'S ADDRESS:

PARTICIPANT'S EMAIL ADDRESS:

LOCATION:

Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE:

Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent

4 = Very Good

3 = Average

2 = Fair

1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00	Dr. Doug Ziegenfuss	<u>100</u>	5(4)3 2 1	5(4)3 2 1	5(4)3 2 1
Total Minutes attended		<u>100</u>			

Were the course objectives met?

Yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Wendy Todd

PARTICIPANT'S ADDRESS: _____

PARTICIPANT'S EMAIL ADDRESS: _____

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00	Dr. Doug Ziegenfuss	_____	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1
Total Minutes attended		_____			

Were the course objectives met?

Yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Jennifer French

PARTICIPANT'S ADDRESS: 434 McLaws Circle # 201
Williamsburg, VA 23185

PARTICIPANT'S EMAIL ADDRESS: Jfrench@pbmares.com

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
9:00-10:45					
8:20-10:00	Dr. Doug Ziegenfuss	<u>120</u>	<u>3</u> 4321	<u>3</u> 4321	<u>3</u> 4321
	Total Minutes attended	<u>120</u>			

Were the course objectives met?

yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: John Corley

PARTICIPANT'S ADDRESS: 154 NEW TOWN Rd. B-4
Virginia Beach, VA 23462

PARTICIPANT'S EMAIL ADDRESS: john@mmcgonahe.com

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00	Dr. Doug Ziegenfuss	_____	<u>5</u> 4321	<u>5</u> 4321	<u>5</u> 4321
Total Minutes attended		_____			

Were the course objectives met?

yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Ronald DeWitt

PARTICIPANT'S ADDRESS: 112 Wilford Way
Yorktown VA 23693

PARTICIPANT'S EMAIL ADDRESS: rdewitt@cox.net

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent

4 = Very Good

3 = Average

2 = Fair

1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
9:00-11:00 8:20-10:00	Dr. Doug Ziegenfuss	<u>100</u>	<u>5</u> 4321	<u>5</u> 4321	<u>5</u> 4321
Total Minutes attended		<u>100</u>			

Were the course objectives met?

Yes

General comments:

Great location, Great Speaker.

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: ROBERT P MITCHELL

PARTICIPANT'S ADDRESS: 10210 WARWICK BLVD
NEWPORT NEWS VA 23601

PARTICIPANT'S EMAIL ADDRESS: RMITCHELL@RPMCPAPLLC.COM

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00	Dr. Doug Ziegenfuss	<u>120</u>	<u>5</u> 4321	<u>5</u> 4321	<u>5</u> 4321
	Total Minutes attended	<u>120</u>			

Were the course objectives met?

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Ashley White CPA EA
PARTICIPANT'S ADDRESS: 732 Thimble Shoals Blvd 902
Nm, VA 23606

PARTICIPANT'S EMAIL ADDRESS: ashley@ajwhiteandassoc.com

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00	Dr. Doug Ziegenfuss	<u>100</u>	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
	Total Minutes attended	<u>100</u>			

Were the course objectives met?

yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA
PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs
PARTICIPANT'S NAME: ISAAC CHABO
PARTICIPANT'S ADDRESS: 28 ISLAND VIEW DR.
NEWPORT NEWS, VA 23602
PARTICIPANT'S EMAIL ADDRESS: chabo.va@cox.net

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00 9:00-11:00	Dr. Doug Ziegenfuss	<u>110</u>	<u>5</u> 4321	<u>5</u> 4321	<u>5</u> 4321
Total Minutes attended		<u>110</u>			

Were the course objectives met?

YES

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Bryan Goetsch

PARTICIPANT'S ADDRESS: 319 Capital Landing Rd
Northampton, VA 23185

PARTICIPANT'S EMAIL ADDRESS: bgoetsch@bgs CPA.com

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
9:00 - 10:40 8:20-10:00	Dr. Doug Ziegenfuss	<u>100</u>	(5)4321	(5)4321	5(4)321
	Total Minutes attended	<u>100</u>			

Were the course objectives met?

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Willie J. Price, Jr

PARTICIPANT'S ADDRESS: 12 Rosser Dr
Hampton, VA 23669

PARTICIPANT'S EMAIL ADDRESS: wjprice@cox.net

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
9:00-10:00					
8:20-10:00	Dr. Doug Ziegenfuss	<u>110</u>	5(4)321	5(4)321	5(4)321
Total Minutes attended		<u>110</u>			

Were the course objectives met?

Yes

General comments:

None

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Amy Hoyt

PARTICIPANT'S ADDRESS: 3117 N. Riversideside Dr.

LANEXA VA 23089

PARTICIPANT'S EMAIL ADDRESS: ahoyt@pbmares.com

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
9:00-11:00					
8:20-10:00	Dr. Doug Ziegenfuss	<u>120</u>	<u>(5)4321</u>	<u>(5)4321</u>	<u>(5)4321</u>
	Total Minutes attended	<u>120</u>			

Were the course objectives met?

yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Chadden Jackson

PARTICIPANT'S ADDRESS: 208 Shawen Dr.

PARTICIPANT'S EMAIL ADDRESS: Chad.Jackson CPA@yahoo.com

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent

4 = Very Good

3 = Average

2 = Fair

1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
9:00-11:00					
8:20-10:00	Dr. Doug Ziegenfuss	<u>120</u>	<u>4</u> 3 2 1	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1
Total Minutes attended		<u>120</u>			

Were the course objectives met?

Yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Leslie Borwick

PARTICIPANT'S ADDRESS: 105 Parsonage Lane, Hampton, VA

PARTICIPANT'S EMAIL ADDRESS: d1borwick@cox.net 23669

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent

4 = Very Good

3 = Average

2 = Fair

1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00 9:00 to 11:00	Dr. Doug Ziegenfuss	_____	<u>5</u> 4 3 2 1	<u>5</u> <u>4</u> 3 2 1	<u>5</u> <u>4</u> 3 2 1
Total Minutes attended		_____			

Were the course objectives met?

yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Sandra M. Booher

PARTICIPANT'S ADDRESS: 3244 N. Riverside Dr, Lanexa VA 23089 (HOME)
12500 Jefferson Ave, Newport News VA (WORK)

PARTICIPANT'S EMAIL ADDRESS: Sandra.booher@ferguson.com

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
9:00-10:30					
8:20-10:00	Dr. Doug Ziegenfuss	<u>120</u>	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1
Total Minutes attended		<u>120</u>			

Were the course objectives met?

Yes

General comments:

Room was cold 😊

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Stephanie L. Cooker

PARTICIPANT'S ADDRESS: 11815 Rock Landing Dr
Newport News, VA 23606

PARTICIPANT'S EMAIL ADDRESS: Stephanic @ CarminesRobbins.Com

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
9:00-10:40					
8:20-10:00	Dr. Doug Ziegenfuss	<u>100</u>	⑤4321	⑤④321	⑤④321
Total Minutes attended		<u>100</u>			

Were the course objectives met?

yes definitely

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Robert W. Carmine

PARTICIPANT'S ADDRESS: 11815 Rock Landing Drive
Newport News, VA 23606

PARTICIPANT'S EMAIL ADDRESS: Rob@CarmineRobbins.com

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
9-10:50					
8:20-10:00	Dr. Doug Ziegenfuss	<u>100</u>	<u>5</u> 4321	5 <u>4</u> 321	543 <u>2</u> 1
Total Minutes attended		<u>100</u>			

Were the course objectives met?

yes

General comments:

Evaluation and Verification of Attendance Form

Please provide us with the number of minutes you attended each session and your evaluation of this program.

CHAPTER: Tidewater Chapter, VSCPA
PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs
PARTICIPANT'S NAME: K Spencer McDonald
PARTICIPANT'S ADDRESS: 1 Avenue of the Arts
Newport News VA 23503
PARTICIPANT'S EMAIL ADDRESS: _____

LOCATION: Peninsula Graduate Center
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23453

DATE: Wednesday, July 27, 2016

Please circle the appropriate rating

5 = Excellent

4 = Very Good

3 = Average

2 = Fair

1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00	Dr. Doug Ziegenfuss	_____	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1
Total Minutes attended		<u>100</u>			

Were the course objectives met?

General comments: