

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: Nneka Green
PARTICIPANT'S ADDRESS: BAL, PE
nneka.green@a
PARTICIPANT'S EMAIL ADDRESS: beale@indcurran.com

LOCATION: Tri-Cities Campus
Room 2107
1070 University Blvd.
Portsmouth, VA 23703

DATE: Friday, July 29, 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)4321	(5)4321	(5)4321
	Total Minutes attended	<u>100</u>			

Were the course objectives met?

yes

General comments:

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CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Jennifer Zydron

PARTICIPANT'S ADDRESS: _____

PARTICIPANT'S EMAIL ADDRESS: jenniferz@li-hvac.com

LOCATION: Tri-Cities Campus
Room 2107
1070 University Blvd.
Portsmouth, VA 23703

DATE: Friday, July 29, 2016

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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:

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CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Kit Ward

PARTICIPANT'S ADDRESS: 2547 Bridge Road
Suffolk, VA 23435

PARTICIPANT'S EMAIL ADDRESS: Kitward@bsmcpas.com

LOCATION: Tri-Cities Campus
Room 2107
1070 University Blvd.
Portsmouth, VA 23703

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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:

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CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Clementine Cone

PARTICIPANT'S ADDRESS: 103 Nansemond Pointe Dr Suffolk VA 23158

PARTICIPANT'S EMAIL ADDRESS: CScone@nsu.edu

LOCATION: Tri-Cities Campus
Room 2107
1070 University Blvd.
Portsmouth, VA 23703

DATE: Friday, July 29, 2016

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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:

Excellent course covering requirement

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CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Christine Egnor

PARTICIPANT'S ADDRESS: 3565 Calverton Way Ches VA 23321

PARTICIPANT'S EMAIL ADDRESS: christine@egnorcpa.com

LOCATION: Tri-Cities Campus
Room 2107
1070 University Blvd.
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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

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CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: ROSIE BROCK

PARTICIPANT'S ADDRESS: P.O. BOX 237 WINDSOR VA 23487

PARTICIPANT'S EMAIL ADDRESS: rbrock@hbchcpa.com

LOCATION: Tri-Cities Campus
Room 2107
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8:20-10:00	Dr. Doug Ziegenfuss	<u>✓</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

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CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Lynne Lamb

PARTICIPANT'S ADDRESS: 1576 Crystal Lake Dr
Portsmouth, VA 23701

PARTICIPANT'S EMAIL ADDRESS: HLamb4@cox.net
Hamb@hrsd.com

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Yes

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CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: WES BARNES

PARTICIPANT'S ADDRESS: 908 EDEN WAY NORTH SUITE 201
CHESAPEAKE VA 23320

PARTICIPANT'S EMAIL ADDRESS: WBARNES@BPCVCPA.COM

LOCATION: Tri-Cities Campus
Room 2107
1070 University Blvd.
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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>			

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Yes

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CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Joseph Wayne Scott

PARTICIPANT'S ADDRESS: 1605 Upperville Court Chesapeake, VA 23321

PARTICIPANT'S EMAIL ADDRESS: wayne@rsbrpa.com

LOCATION: Tri-Cities Campus
Room 2107
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8:20-10:00	Dr. Doug Ziegenfuss	<u>100</u>	(5) 3 2 1	(5) 3 2 1	(5) 4 3 2 1
Total Minutes attended		<u>100</u>			

Were the course objectives met?

Yes

General comments:

Waste Of Time To Do This class every year

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CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Douglas W Bradshaw

PARTICIPANT'S ADDRESS: 3312 Nansemond River Dr.
Suffolk, VA 23435

PARTICIPANT'S EMAIL ADDRESS: douglasbradshaw@chapter.net

LOCATION: Tri-Cities Campus
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	Total Minutes attended	<u>100</u>			

Were the course objectives met?



General comments:

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CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Cheryl Turner

PARTICIPANT'S ADDRESS: 33080 Cypress Swamp Rd
Newport, VA 23874

PARTICIPANT'S EMAIL ADDRESS: Cturner@brittpeakcpa.com

LOCATION: Tri-Cities Campus
Room 2107
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8:20-10:00	Dr. Doug Ziegenfuss	<u>100</u>	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1	5 4 <u>3</u> 2 1
	Total Minutes attended	<u>100</u>			

Were the course objectives met?

yes

General comments:

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CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Sharon Whitley

PARTICIPANT'S ADDRESS: 31161 Vicksville Rd
Sedley, VA 23878

PARTICIPANT'S EMAIL ADDRESS: swhitley@brittpeakcpa.com

LOCATION: Tri-Cities Campus
Room 2107
1070 University Blvd.
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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:

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CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: SHIRLEY MARDIA

PARTICIPANT'S ADDRESS: _____

PARTICIPANT'S EMAIL ADDRESS: _____

LOCATION: Tri-Cities Campus
Room 2107
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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:

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CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Brian Windley

PARTICIPANT'S ADDRESS: 150 Boush Street, Suite 400
Norfolk, VA 23510

PARTICIPANT'S EMAIL ADDRESS: bwindley@pbmares.com

LOCATION: Tri-Cities Campus
Room 2107
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Portsmouth, VA 23703

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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:

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CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Katherine Wright

PARTICIPANT'S ADDRESS: 1013 West Washington St
Suffolk VA 23434

PARTICIPANT'S EMAIL ADDRESS: kwright@bsmcpas.com

LOCATION: Tri-Cities Campus
Room 2107
1070 University Blvd.
Portsmouth, VA 23703

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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

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CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Robert M Moore Jr

PARTICIPANT'S ADDRESS: 1013 W. Washington Street Suffolk VA 23434

PARTICIPANT'S EMAIL ADDRESS: rmoorejr.cpa@yahoo.com

LOCATION: Tri-Cities Campus
Room 2107
1070 University Blvd.
Portsmouth, VA 23703

DATE: Friday, July 29, 2016

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	Total Minutes attended	<u>100</u>			

Were the course objectives met?

General comments:

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CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Mike Beale (Walter Michael Beale)

PARTICIPANT'S ADDRESS: 105 Regatta Lane
Smithfield, VA 23430

PARTICIPANT'S EMAIL ADDRESS: mikebealeodu77@gmail.com

LOCATION: Tri-Cities Campus
Room 2107
1070 University Blvd.
Portsmouth, VA 23703

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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:

Dr. Ziegenfuss did an excellent job.

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 L. Draper

PARTICIPANT'S ADDRESS: 221 Staley Dr
Suffolk VA 23434

PARTICIPANT'S EMAIL ADDRESS: sdraper757@gmail.com

LOCATION: Tri-Cities Campus
Room 2107
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8:20-10:00	Dr. Doug Ziegenfuss	_____	<input checked="" type="radio"/> 4 3 2 1	<input checked="" type="radio"/> 4 3 2 1	<input checked="" type="radio"/> 4 3 2 1
Total Minutes attended		_____			

Were the course objectives met?

Yes

General comments:

Interesting, enjoyable, pertinent info.

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 Crepeau

PARTICIPANT'S ADDRESS: 1357 Kilmer Ct
NORFOLK VA 23502

PARTICIPANT'S EMAIL ADDRESS: pcrpeau@suffolkva.us

LOCATION: Tri-Cities Campus
Room 2107
1070 University Blvd.
Portsmouth, VA 23703

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Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00	Dr. Doug Ziegenfuss	_____	<input checked="" type="radio"/> 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:

Excellent! VERY Engaging.

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CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Joan Weaver

PARTICIPANT'S ADDRESS: 3521 Chipada Ct.
Chesapeake, VA 23321

PARTICIPANT'S EMAIL ADDRESS: joan.weaver@theupcenter.org

LOCATION: Tri-Cities Campus
Room 2107
1070 University Blvd.
Portsmouth, VA 23703

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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:

Evaluation and Verification of Attendance Form

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CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: B. Lynn Owens

PARTICIPANT'S ADDRESS: 200 Snead Fairway
Portsmouth, VA 23701

PARTICIPANT'S EMAIL ADDRESS: blowenscpa@aol.com

LOCATION: Tri-Cities Campus
Room 2107
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Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
8:20-10:00	Dr. Doug Ziegenfuss	<u>101</u>	<u>5</u> 4321	<u>5</u> 4321	<u>5</u> 4321
Total Minutes attended		<u>101</u>			

Were the course objectives met?

yes

General comments:

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CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Carolyn Luckadoo

PARTICIPANT'S ADDRESS: Bay Electric Co., Inc. 627 36th St.
Newport News, VA 23607

PARTICIPANT'S EMAIL ADDRESS: cluckadoo@bayelectricco.com

LOCATION: Tri-Cities Campus
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Total Minutes attended		<u>100</u>			

Were the course objectives met?

Yes

General comments:

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CHAPTER: Tidewater Chapter, VSCPA

PROGRAM TITLE: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: SHARON W. HORNE

PARTICIPANT'S ADDRESS: 22324 RIVERPOINT TRAIL
CARROLLTON, VA 23314

PARTICIPANT'S EMAIL ADDRESS: lrhsw@charter.net

LOCATION: Tri-Cities Campus
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Total Minutes attended		_____			

Were the course objectives met?

Yes

General comments:

Great, concise overview

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PARTICIPANT'S NAME: _____

PARTICIPANT'S ADDRESS: _____

PARTICIPANT'S EMAIL ADDRESS: _____

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Total Minutes attended		_____			

Were the course objectives met?

General comments:
