

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: 2017 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: JEAN Moses

PARTICIPANT'S ADDRESS: 1105 Cockle town Rd
Yorktown, VA 23692

PARTICIPANT'S EMAIL ADDRESS: jmoses@mosesapt.com

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

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

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	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 100

Were the course objectives met?

Yes Much better

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: 2017 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Brian Deibler

PARTICIPANT'S ADDRESS: 725 City Center Blvd, Ste 200 NN, VA 23606

PARTICIPANT'S EMAIL ADDRESS: bdeibler@malvinvirginia.com

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

5 = Excellent

4 = Very Good

3 = Average

2 = Fair

1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	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, great material

General comments:

Thank you!

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: 2017 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Sherry Sprankle

PARTICIPANT'S ADDRESS: 116 Rte 100, Sherry Way
Williamsburg VA 23188

PARTICIPANT'S EMAIL ADDRESS: Sherry.sprankle@dcva.mil

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

5 = Excellent

4 = Very Good

3 = Average

2 = Fair

1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	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 100

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: 2017 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: T. Craig Stallings

PARTICIPANT'S ADDRESS: 210 Main Street
Smithfield VA 23430

PARTICIPANT'S EMAIL ADDRESS: craig@stallingsandassociates.com

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

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

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	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: 2017 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: ALAN S. WITT

PARTICIPANT'S ADDRESS: 701 TOWN CENTER DRIVE
NEWPORT NEWS, VA 23606

PARTICIPANT'S EMAIL ADDRESS: zwitt@pbmzres.com

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

5 = Excellent

4 = Very Good

3 = Average

2 = Fair

1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	Dr. Doug Ziegenfuss	<u>100</u>	<u>5</u> 4 3 2 1	<u>5</u> 4 3 2 1	5 4 3 2 1 N/A
	Total Minutes attended	<u>100</u>			

Were the course objectives met?

YES, VERY WELL DONE

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: 2017 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: RYAN GOETSCH

PARTICIPANT'S ADDRESS: 208 PACKET CT, STE C
WILLIAMS PORT, VA 23185

PARTICIPANT'S EMAIL ADDRESS: rgoetsch@bcpa.com

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

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

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	Dr. Doug Ziegenfuss	<u>100</u>	<u>5</u> 4321	<u>5</u> 4321	5 <u>4</u> 321
Total Minutes attended		<u>100</u>			

Were the course objectives met?

General comments:

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that this is crucial for ensuring transparency and accountability in the organization's operations.

2. The second part of the document outlines the various methods and tools used to collect and analyze data. It highlights the need for consistent data collection procedures and the use of advanced analytical techniques to derive meaningful insights from the data.

3. The third part of the document focuses on the implementation of data-driven decision-making processes. It provides a detailed overview of the steps involved in identifying key performance indicators (KPIs), setting targets, and monitoring progress against these targets.

4. The fourth part of the document discusses the challenges and risks associated with data management and analysis. It identifies common pitfalls such as data quality issues, privacy concerns, and the potential for misinterpretation of data, and offers strategies to mitigate these risks.

5. The fifth part of the document concludes by summarizing the key findings and recommendations. It stresses the importance of a continuous learning and improvement mindset, where the organization regularly reviews its data management practices and adapts to changing circumstances.

1.1

1.2

1.3

1.4

1.5

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: 2017 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Kristen Lavender
PARTICIPANT'S ADDRESS: 208 Packets Ct., Williamsburg, VA 23185

PARTICIPANT'S EMAIL ADDRESS: Kristen@lavendercpa.com

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

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

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	Dr. Doug Ziegenfuss	<u>100</u>	<u>(5)4321</u>	<u>(5)4321</u>	<u>(5)4321</u>
	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: 2017 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Susan S. Montgomery
PARTICIPANT'S ADDRESS: 11832 Rock Landing Drive, Suite 101
Newport News, VA 23606
PARTICIPANT'S EMAIL ADDRESS: smontgomery@dyscpa.com

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

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

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	Dr. Doug Ziegenfuss	<u>100</u>	5 <input checked="" type="radio"/> 3 2 1	5 4 <input checked="" type="radio"/> 2 1	5 <input checked="" type="radio"/> 3 2 1
	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: 2017 Required Ethics CPE for Virginia Registered CPAs
PARTICIPANT'S NAME: James Whitmore
PARTICIPANT'S ADDRESS: 610 Madera Road
Chesapeake, VA 23322
PARTICIPANT'S EMAIL ADDRESS: James.Whitmore@dcaq.mil

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

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

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	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: 2017 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Angela L. Collins

PARTICIPANT'S ADDRESS: 109 Alfred Court
Yorktown, VA 23693

PARTICIPANT'S EMAIL ADDRESS: angela.collins@claa.mil

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

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

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	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:
Very 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: 2017 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Kat Lassiter

PARTICIPANT'S ADDRESS: 38 Lyliston Ln.
Newport News, VA 23601

PARTICIPANT'S EMAIL ADDRESS: Kathleen.Lassiter@dcaa.mil

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

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

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	Dr. Doug Ziegenfuss	<u>100</u>	5(4)3 2 1	5(4)3 2 1	5(4)3 2 1

Total Minutes attended 100

Were the course objectives met?

Yes

General comments:

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: 2017 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: RICHARD DAIL

PARTICIPANT'S ADDRESS: 222 CENTRAL PARK AVE, SUITE 1406
VIRGINIA BEACH, VA

PARTICIPANT'S EMAIL ADDRESS: rdail@cbh.com

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

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

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	Dr. Doug Ziegenfuss	<u>100</u>	(5)4321	(5)4321	(5)4321
	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: 2017 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: JESSE C. WASSERMAN

PARTICIPANT'S ADDRESS: 158 FOXFIELD RUN
AMHERST, VA 24521

PARTICIPANT'S EMAIL ADDRESS: JESSE.WASSERMAN@COMCAST.NET

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

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

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	Dr. Doug Ziegenfuss	<u>100</u>	<u>(5) 3 2 1</u>	<u>(5) 3 2 1</u>	<u>(5) 3 2 1</u>

Total Minutes attended 100

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: 2017 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Denise Carroll

PARTICIPANT'S ADDRESS: 3024 Ridge Dr
TOANO, VA 23168

PARTICIPANT'S EMAIL ADDRESS: denisecarroll@cox.net

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

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

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	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: 2017 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: THERESSA MASTERS

PARTICIPANT'S ADDRESS: 130 MEREDITH WAY
NEWPORT NEWS, VA 23606

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

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

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

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	Dr. Doug Ziegenfuss	<u>100</u>	Ⓟ4 3 2 1	Ⓟ4 3 2 1	Ⓟ4 3 2 1
	Total Minutes attended	<u>100</u>			

Were the course objectives met?

YES

General comments:

THANK-YOU!

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: 2017 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: MARY JOYNER

PARTICIPANT'S ADDRESS: 10123 BOWLING BLVD
CARROLLTON VA 23314

PARTICIPANT'S EMAIL ADDRESS: mjoyner@hampton.gov

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

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

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	Dr. Doug Ziegenfuss	_____	<u>5</u> 4321	<u>5</u> 4321	<u>5</u> 4321

Total Minutes attended 100

Were the course objectives met?

Yes - interesting and informative

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: 2017 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: JOSH SHOCKLEY
PARTICIPANT'S ADDRESS: 1325 WASTOVAN AVE
NORFOLK, VA 23507
PARTICIPANT'S EMAIL ADDRESS: SHOCKLEYJ@WVFB.ORG

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

5 = Excellent

4 = Very Good

3 = Average

2 = Fair

1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	Dr. Doug Ziegenfuss	<u>✓</u>	<u>5</u> 4321	<u>5</u> 4321	<u>5</u> 4321

Total Minutes attended 100

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: 2017 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Karen Bever
PARTICIPANT'S ADDRESS: 1 Franklin Street Ste 100
HPT VA 23669
PARTICIPANT'S EMAIL ADDRESS: kbever@hampton.gov

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

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

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	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: 2017 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Jeffery L. KARR

PARTICIPANT'S ADDRESS: 3929 Oak Drive E.
Chesapeake, VA 23321

PARTICIPANT'S EMAIL ADDRESS: JEFFK@MRSLAWFIRM.COM

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

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

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	Dr. Doug Ziegenfuss	<u>100</u>	<u>(5) 4 3 2 1</u>	<u>(5) 4 3 2 1</u>	<u>(5) 4 3 2 1</u>
	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: 2017 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Ronald Mosocco

PARTICIPANT'S ADDRESS: 3261 WINDSOR RIDGE SUITE
WILLIAMSBURG VA 23188

PARTICIPANT'S EMAIL ADDRESS: RMOSOCOS@COX.NET

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

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

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	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:

Good JD Bug!

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: 2017 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Chad Jackson

PARTICIPANT'S ADDRESS: 208 Shawen Dr,
Hampton, VA 23669

PARTICIPANT'S EMAIL ADDRESS: Chad.JacksonCPA@yahoo.com

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

5 = Excellent

4 = Very Good

3 = Average

2 = Fair

1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	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 100

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: 2017 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: STEPHEN C. ADAMS
PARTICIPANT'S ADDRESS: 2 CEDAR POINT DR
HAMPTON VA 23669
PARTICIPANT'S EMAIL ADDRESS: SADAMS4003@901.COM

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

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

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	Dr. Doug Ziegenfuss	<u>100</u>	<u>(5)4321</u>	<u>(5)4321</u>	<u>(5)4321</u>
Total Minutes attended		<u>100</u>			

Were the course objectives met?

YES

General comments:

BETTER FORMAT THAN IN THE PAST.

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: 2017 Required Ethics CPE for Virginia Registered CPAs
PARTICIPANT'S NAME: Ronald J. Hurwitz
PARTICIPANT'S ADDRESS: 7612 Bridgette Ln
Norfolk VA 23518
PARTICIPANT'S EMAIL ADDRESS: rjhurwitz@cox.net
LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666
DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

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

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	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: 2017 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: ALAN AITSCHULER

PARTICIPANT'S ADDRESS: _____

PARTICIPANT'S EMAIL ADDRESS: _____

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

5 = Excellent

4 = Very Good

3 = Average

2 = Fair

1 = Poor

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	Dr. Doug Ziegenfuss	<u>100</u>	<u>5</u> 4321	5 <u>4</u> 321	5 <u>4</u> 321
	Total Minutes attended	<u>100</u>			

Were the course objectives met?

Yes

General comments:

Code of Professional Conduct ≠ Ethics

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: 2017 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Stella Parker

PARTICIPANT'S ADDRESS: 40 Sweetbriar Drive
Newport News, VA 23606

PARTICIPANT'S EMAIL ADDRESS: Stella.parker@onu.edu

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

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

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	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 100

Were the course objectives met?

Yes

General comments:

this year's course format seemed
slightly different and I very much
enjoyed it.

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: 2017 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Louise Clayton-Kasteholz
PARTICIPANT'S ADDRESS: 110 Peninsula St, Williamsburg VA
PARTICIPANT'S EMAIL ADDRESS: lkasteholz@pbmanes.com

LOCATION: ODU Peninsula
Room 2235
600 Butler Farm Road, Suite 200
Hampton, VA 23666

DATE: Wednesday, August 16, 2017

Please circle the appropriate rating

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

Time	Speaker's Name	Minutes	Knowledge	Presentation	Materials
12:00-1:40 (100 minutes)	Dr. Doug Ziegenfuss	<u>105</u>	<u>5 4 3 2 1</u>	<u>5 4 3 2 1</u>	<u>5 4 3 2 1</u>
	Total Minutes attended	<u>105</u>			

Were the course objectives met?

yes

General comments:
