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: John Moses
PARTICIPANT'S ADDRESS: 1105 Cockletown Rd
Yorktown, VA 23693
PARTICIPANT'S EMAIL ADDRESS: jmoses@mosescpa.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	100	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 Met Seller

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@malvinwiggins.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	100	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, 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 Ply Henry Way
Williamsburg VA 23188
PARTICIPANT'S EMAIL ADDRESS: sherry.sprankle@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	100	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:

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	100	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:

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: awitt@pbmacres.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	100	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1 N/A

Total Minutes attended 100

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: BRYAN GOETSCH
PARTICIPANT'S ADDRESS: 208 PACKETS CT, STE C
WILLIAMSBURG, VA 23185
PARTICIPANT'S EMAIL ADDRESS: bgoetsch@bsgcpa.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	100	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

Total Minutes attended 100

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: Kristen Lavender
PARTICIPANT'S ADDRESS: 208 Pockets 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	100	(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:

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	100	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

Total Minutes attended 100

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 Whitemore
PARTICIPANT'S ADDRESS: 610 Madera Road
Chesapeake, VA 23322
PARTICIPANT'S EMAIL ADDRESS: James.Whitemore@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	100	(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:

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: [redacted] angela.collins@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	100	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 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	100	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	100	(5) 4 3 2 1	(5) 4 3 2 1	(5) 4 3 2 1
Total Minutes attended		100			

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: jessecwasserman@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	100	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:

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	100	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:

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: THERESA MASTERS
PARTICIPANT'S ADDRESS: 130 MEREDITH WAY
NEWPORT NEWS, VA 23606
PARTICIPANT'S EMAIL ADDRESS: THERESA.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	100	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:
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 BOLLING 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	_____	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 - 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 WESTOVER AVE
NORFOLK, VA 23507
PARTICIPANT'S EMAIL ADDRESS: SHOCKLEYJ@WWPB.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	✓	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:

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 106
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	100	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:

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@marslawfirm.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	100	(5)4321	(5)4321	(5)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: Richard Mosecco
PARTICIPANT'S ADDRESS: 3261 Windsor Ridge South
Williamsburg Va 23188
PARTICIPANT'S EMAIL ADDRESS: RMosecco@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	100	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:

Good Job Doug!

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	_____	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:

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	100	(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:

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	100	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:

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 Altschuler
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	100	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:

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 J. Parker

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

PARTICIPANT'S EMAIL ADDRESS: stella.parker@cnu.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	100	(5)4321	(5)4321	(5)4321

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: Lorese Clayton-Kastelholz
PARTICIPANT'S ADDRESS: 110 Peninsula St, Williamsburg VA

PARTICIPANT'S EMAIL ADDRESS: lkastelholz@pbmares.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	105	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

Total Minutes attended 105

Were the course objectives met?

yes

General comments: