

## 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: Jackie A. White  
PARTICIPANT'S ADDRESS: 150 Lough St., Suite 400  
Norfolk, VA 23510  
PARTICIPANT'S EMAIL ADDRESS: jwhite@pbmares.com

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

DATE: Wednesday, August 17, 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
12:00-1:40	Dr. Doug Ziegenfuss	<u>100</u>	<u>5</u> 4 3 2 1	5 <u>4</u> 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: LINDA PARKER

PARTICIPANT'S ADDRESS: 72 WATERVIEW DR  
VA 23608

PARTICIPANT'S EMAIL ADDRESS: Lindaparker72@gmail.com

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

DATE: Wednesday, August 17, 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
12:00-1:40	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: Craig Stallings  
PARTICIPANT'S ADDRESS: 210 Main Street Smithfield VA 23430

PARTICIPANT'S EMAIL ADDRESS: craigestallingsandassociates.com

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

DATE: Wednesday, August 17, 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
12:00-1:40	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:

miss the old room!

## 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: WILLIAM A. PEAK

PARTICIPANT'S ADDRESS: 106 W. THIRD AVE  
FRANKLIN VA. 23851

PARTICIPANT'S EMAIL ADDRESS: wpeak@brittpeakcpa.com

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

DATE: Wednesday, August 17, 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
12:00-1:40	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: Zoe Lumpkin

PARTICIPANT'S ADDRESS: 2400 Washington Ave, 3<sup>rd</sup> Floor  
Newport News, VA 23607

PARTICIPANT'S EMAIL ADDRESS: \_\_\_\_\_

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

DATE: Wednesday, August 17, 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
12:00-1:40	Dr. Doug Ziegenfuss	<u>100</u>	5(4)321	54(3)21	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: NANCY PAPAIOPOULOS  
PARTICIPANT'S ADDRESS: 701 TOWN CENTER DR, SUITE 900  
NEWPORT NEWS, VA 23606  
PARTICIPANT'S EMAIL ADDRESS: NPAPAIOPOULOS@PSMARES.COM

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

DATE: Wednesday, August 17, 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
12:00-1:40	Dr. Doug Ziegenfuss	<u>100</u>	<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:

SLIDES THIS YR MUCH BETTER THAN  
2015 SLIDES.

---

## 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 J. Hurwitz

PARTICIPANT'S ADDRESS: 7612 Bridgette Ln  
Norfolk, VA 23518

PARTICIPANT'S EMAIL ADDRESS: rjhurwitz@cox.net

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

DATE: Wednesday, August 17, 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
12:00-1:40	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: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Gail Thompson

PARTICIPANT'S ADDRESS: 2709 Salem Rd  
Va. Beach, VA 23456

PARTICIPANT'S EMAIL ADDRESS: gthompson9@verizon.net

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

DATE: Wednesday, August 17, 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
12:00-1:40	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:

technical problems - 15 minute delay in starting

---



## 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: Stella T. Parker

PARTICIPANT'S ADDRESS: 40 Sweetbriar Drive

Newport News, VA 23606

PARTICIPANT'S EMAIL ADDRESS: Stella.parker

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

DATE: Wednesday, August 17, 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
12:00-1:40	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:

Thank you!

Very interesting material this year.

## 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: Lois Graham

PARTICIPANT'S ADDRESS: 120 Winsome Haven Dr  
Seaford, VA 23696

PARTICIPANT'S EMAIL ADDRESS: loislanelse@netscape.net

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

DATE: Wednesday, August 17, 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
12:00-1:40	Dr. Doug Ziegenfuss	_____	<u>5</u> 4 3 2 1	5 4 <u>3</u> 2 1	5 <u>4</u> 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:** Susan S. Montgomery

**PARTICIPANT'S ADDRESS:** 11832 Rock Landing Drive, Suite 101  
Newport News, VA 23606

**PARTICIPANT'S EMAIL ADDRESS:** smontgomery84@verizon.net

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

**DATE:** Wednesday, August 17, 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
12:00-1:40	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?

---

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: TANNY MYERS

PARTICIPANT'S ADDRESS: 434 MCLAWS CIRCLE, SUITE 201  
WILLIAMSBURG

PARTICIPANT'S EMAIL ADDRESS: TMYERS @ PBMARCS.COM

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

DATE: Wednesday, August 17, 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
12:00-1:40	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! GREAT STORIES TO KEEP IT INTERESTING

General comments:

BETTER VOLUME - BILLY CLASS

## 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: Wright Aloba  
PARTICIPANT'S ADDRESS: 4000 W Mercury Blvd  
Hot, VA 23666  
PARTICIPANT'S EMAIL ADDRESS: alobacpa@aol.com

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

DATE: Wednesday, August 17, 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
12:00-1:40	Dr. Doug Ziegenfuss	<u>140</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>140</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: Regina Kochan

PARTICIPANT'S ADDRESS: 218 Sommerville Way  
Seaford VA 23696

PARTICIPANT'S EMAIL ADDRESS: gkochan@dyscpa.com

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

DATE: Wednesday, August 17, 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
12:00-1:40	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?

---

General comments:

Room had a loud hum which was very distracting.

---

## 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: ALBERT S. White III

PARTICIPANT'S ADDRESS: 55 RENS ROAD  
POQUOSON, VA 23662

PARTICIPANT'S EMAIL ADDRESS: ASWHITE03@GMAIL.COM

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

DATE: Wednesday, August 17, 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
12:00-1:40	Dr. Doug Ziegenfuss	<u>100</u>	<u>5</u> 4321	<u>5</u> 4321	<u>5</u> 4321
Total Minutes attended		<u>100</u>			

VIDEO Sound

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: STEPHEN C. ADAMS

PARTICIPANT'S ADDRESS: 4116 W. Mercury Blvd  
Hampton VA 23666

PARTICIPANT'S EMAIL ADDRESS: SADAMS4003@G01.COM

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

DATE: Wednesday, August 17, 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
12:00-1:40	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:

BETTER TOPICS 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: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: William Edmunds

PARTICIPANT'S ADDRESS: 172 Pine Bluff DR  
Newport News, VA 23602

PARTICIPANT'S EMAIL ADDRESS: Wedmunds@pbmarcos.com

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

DATE: Wednesday, August 17, 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
12:00-1:40	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:

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: Theresa Roth

PARTICIPANT'S ADDRESS: 2316 SANTA FE DR  
VIRGINIA BEACH VA 23452

PARTICIPANT'S EMAIL ADDRESS: TROTH@DYSCPA.COM

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

DATE: Wednesday, August 17, 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
12:00-1:40	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?

Case studies were better this year.

General comments:

Sound did not work well on videos.

---

## 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: DIANE Y. SMITH  
PARTICIPANT'S ADDRESS: 109 LOLAS DR., N.N., VA 23606

PARTICIPANT'S EMAIL ADDRESS: dsmith@dyscpa.com

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

DATE: Wednesday, August 17, 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
12:00-1:40	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: MARY JOYNER  
PARTICIPANT'S ADDRESS: 1 FRANKLIN ST, SUITE 102  
HAMPTON, VA 23669  
PARTICIPANT'S EMAIL ADDRESS: mjoyner@hampton.gov

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

DATE: Wednesday, August 17, 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
12:00-1:40	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: Karen BEVER

PARTICIPANT'S ADDRESS: 1 Franklin street ste 100  
Hpt VA 23669

PARTICIPANT'S EMAIL ADDRESS: kbever@hampton.gov

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

DATE: Wednesday, August 17, 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
12:00-1:40	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?

yes very good

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: Susan Goodwin

PARTICIPANT'S ADDRESS: 223 Hanwood Drive  
Yorktown VA 23692

PARTICIPANT'S EMAIL ADDRESS: sgoodwin@mva.gov

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

DATE: Wednesday, August 17, 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
12:00-1:40	<del>Dr. Doug Ziegenfuss</del> Dr. Doug Ziegenfuss	<u>100</u> minutes	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?

---

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:** GAIL TEIGELER

**PARTICIPANT'S ADDRESS:** 114 HEDDERLOW LN YORKTOWN, VA 23693  
OR 701 TOWN CENTER, Newport News VA 23606

**PARTICIPANT'S EMAIL ADDRESS:** GTEIGELER@PBMARCS.COM

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

**DATE:** Wednesday, August 17, 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
12:00-1:40	Dr. Doug Ziegenfuss	<u>120</u>	<u>(5)</u> 4321	<u>(5)</u> 4321	<u>(5)</u> 4321
	<b>Total Minutes attended</b>	<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: Melissa Tucker ← 434  
PARTICIPANT'S ADDRESS: JB Maree, ~~434~~ McLaws Circle, Suite 201  
Williamsburg, VA 23188  
PARTICIPANT'S EMAIL ADDRESS: mtucker@JBMAres.com

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

DATE: Wednesday, August 17, 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
12:00-1:40	Dr. Doug Ziegenfuss	<u>100</u>	5 4 <b>3</b> 2 1	5 4 <b>3</b> 2 1	5 4 <b>3</b> 2 1
	Total Minutes attended	<u>100</u>			

Were the course objectives met?

YFS

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: LAWRENCE MERCADO

PARTICIPANT'S ADDRESS: 3 LOQUAT PL  
HAMPTON, VA 23666

PARTICIPANT'S EMAIL ADDRESS: lmercado@verizon.net

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

DATE: Wednesday, August 17, 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
12:00-1:40	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:

Improved content and 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: ALAN S. WITT  
PARTICIPANT'S ADDRESS: 701 TOWN CENTER DRIVE, SUITE 900  
NEWPORT NEWS, VA 23606  
PARTICIPANT'S EMAIL ADDRESS: awitt@pbmzres.com

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

DATE: Wednesday, August 17, 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
12:00-1:40	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: Angela Collins  
PARTICIPANT'S ADDRESS: 109 Alfred Ct. Yorktown VA 23693

PARTICIPANT'S EMAIL ADDRESS: Angela.Collins@dcaa.mil

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

DATE: Wednesday, August 17, 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
12:00-1:40	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: BARBARA SUKRAMANI

PARTICIPANT'S ADDRESS: 434 M<sup>C</sup> LAWS CIRCLE, WBG 23185

PARTICIPANT'S EMAIL ADDRESS: bsukramani@pbmares.com

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

DATE: Wednesday, August 17, 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
<del>12:00-1:40</del>	Dr. Doug Ziegenfuss	<u>100</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
<del>12:15-2:00</del>	Total Minutes attended	_____			

Were the course objectives met?

Yes

General comments:

VBOA

Room loud, 1<sup>st</sup> video volume too low

## 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: Christine Ledford

PARTICIPANT'S ADDRESS: 4009 Edinburgh Ct  
Suffolk Va 23434

PARTICIPANT'S EMAIL ADDRESS: christine.ledford@cnv.edu

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

DATE: Wednesday, August 17, 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
12:00-1:40	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: JOAN AARON  
PARTICIPANT'S ADDRESS: 1217 WILLIAM STYRON SQUARE SOUTH  
NEWPORT NEWS, VIRGINIA 23606  
PARTICIPANT'S EMAIL ADDRESS: JARON@MALVINRIGGINS.COM

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

DATE: Wednesday, August 17, 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
12:00-1:40	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:

VIDEOS WERE NOT ALWAYS AUDIBLE. PROFESSOR  
INDICATED NOTHING COULD BE DONE.  
OTHERWISE THE SESSION WAS EXCELLENT.

Joan D Aaron

8/17/16

## 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: Brian Deibler

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

PARTICIPANT'S EMAIL ADDRESS: bdeibler@malvinkrighs.com

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

DATE: Wednesday, August 17, 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
12:00-1:40	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, great material & presentation.

General comments:

I was satisfied - material better than previous year!

## 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: MARSHA HAHN

PARTICIPANT'S ADDRESS: PO Box 1245, YORKTOWN, VA 23692

PARTICIPANT'S EMAIL ADDRESS: mrhahnepa@verizon.net

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

DATE: Wednesday, August 17, 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
12:00-1:40	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?

---

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: Susan B. Morris

PARTICIPANT'S ADDRESS: \_\_\_\_\_

PARTICIPANT'S EMAIL ADDRESS: sbmcpa@gmail.com

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

DATE: Wednesday, August 17, 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
12:00-1:40	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: JOHN T. HART

PARTICIPANT'S ADDRESS: 725 CITY CENTER BLVD #200  
N. N. Va 23606

PARTICIPANT'S EMAIL ADDRESS: JHART@MALVINRIGGINS.COM

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

DATE: Wednesday, August 17, 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
12:00-1:40	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: 2016 Required Ethics CPE for Virginia Registered CPAs

PARTICIPANT'S NAME: Kathy Lightner

PARTICIPANT'S ADDRESS: 206 Simmons Dr  
Seaford, VA 23696

PARTICIPANT'S EMAIL ADDRESS: klightner@MalvinRiggins.com

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

DATE: Wednesday, August 17, 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
12:00-1:40	Dr. Doug Ziegenfuss	<u>120</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
<u>12-2</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: Karen Van Rosendale

PARTICIPANT'S ADDRESS: 725 ~~Little~~ City Center Blvd.  
Newport News, VA 23606

PARTICIPANT'S EMAIL ADDRESS: Kvanrosendale@malvinriggins.com

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

DATE: Wednesday, August 17, 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
12:00-1:40	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: LARRY KIRK  
PARTICIPANT'S ADDRESS: 725 City Center Blvd Suite 200  
Newport News VA 23606  
PARTICIPANT'S EMAIL ADDRESS: L.Kirk@MalwinRiggins.com

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

DATE: Wednesday, August 17, 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
12:00-1:40	Dr. Doug Ziegenfuss	<u>100</u>	<u>4</u> 3 2 1	<u>4</u> 3 2 1	<u>4</u> 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: Diane Reed

PARTICIPANT'S ADDRESS: 67 Huber Rd

NW, VA 23601  
PARTICIPANT'S EMAIL ADDRESS: dreed@cnu.edu

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

DATE: Wednesday, August 17, 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
12:00-1:40	Dr. Doug Ziegenfuss	<u>100</u>	<u>(5)</u> 4 3 2 1	5 <u>(4)</u> 3 2 1	5 <u>(4)</u> 3 2 1
Total Minutes attended		<u>100</u>			

Were the course objectives met?

yes

General comments:

\_\_\_\_\_  
\_\_\_\_\_