

**Government Finance Officers Association of South Carolina
Continuing Professional Education Form—2008**

Name:
Agency:
Address :
Phone: Fax:
Email:

Please Read and Follow All Instructions Carefully
This report must be received no later than February 28th.

Section A:

Summary of hours claimed (List detail in section B)	Budgeting/Gov. Acct./ Financial Accounting	Personal Development	All Other	Total
1. Carry forward from 2007	0.0	0.0		(cannot be more than 10)
2. Total Hours from Section B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Total line 1 plus line 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Hours used for 2008	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Carry forward to 2009 (line 3 minus line 4)	<input type="text"/>	0.0	<input type="text"/>	<input type="text"/> (cannot be more than 10)

Instructions: *A minimum of 20 credit hours must be reported each year. Of the total 20 credit hours, at least 4 hours must be in the Budgeting/Governmental Accounting/Financial Accounting area, with no more than 4 hours of Personal Development. Please enter number of hours in the appropriate category and enter the total number of hours claimed.*

I certify under penalty of forfeiture to the truth and accuracy of all statements, answers, and representations made in this report

Signature _____ Date: _____

Original signature required – please print completed form and mail in to:

Certification Records
GFOASC
P.O. Box 8840
Columbia, SC 29202

Section B

List Courses Below. Complete each column for each course/program. Hours claimed may not exceed applicable limitations noted below.

Program Code:

1. University or college credit course in approved subject area.
2. University or college non-credit course.
3. Formal organized in-agency and/or inter-governmental education program.
4. Professional development program of recognized national and state accounting organization.
5. Technical session at meeting of recognized national and state accounting organization.
6. Program sponsored by other professional organizations.
7. Correspondence Courses.

Use one line for each seminar or course attended. This sheet may be photocopied if additional space is needed.

Submit only one report per year.

Name of Sponsor and Location of Program	Title of Course	Principal Instructor	Dates Attended	Program Code	Budgeting, Govt. Acct. Fin. Acct.	Personal Development	All Other Subjects	Total Hours
Total Hours (enter on line 2 of page 1)								

*At least 4 hours of Budgeting, Governmental Accounting, and/or Financial Accounting is required and no more than 4 hours of Personal Development is allowed.

Please include this with page 1 and mail to address noted on page 1.