



Course Review Certification Form



Course name: _____

Author Name: _____

Company Name: _____

CPA/Tax license number: _____ Developed Date: _____

Reviewer Name: _____

Company Name: _____

CPA/Tax license number: _____ Reviewed Date: _____

Program Level: _____ Delivery Method: _____

Pre-requisites: _____ Advance Preparation: _____

Field of Study: _____ CPE Credits: _____

By signing my name below, I confirm that I have reviewed the above-mentioned course material, and it is my opinion, as a licensed and qualified Subject Matter Expert (SME), that the content of the course is current, relevant, accurate, and comprehensive in terms of the projected scope and designated program level of the course.

Printed Name: _____ Date: _____

Signature: _____