Report Cover for 2023-2024 CGFM CPE Cycle

Last Name: _____ First Name: _____ Middle Initial: _____

Daytime Telephone: _____ Email: _____

Position/Title: _____ Employer: _____

Total CPE hours earned towards CGFM from 1/1/23 to 12/31/24 _____

Number of ethics hours completed_____

If short, indicate number of hours earned during the grace period of Jan-Mar 2025_____

I certify that

- attached list and supporting documentation accurately reflect my attendance and participation; and
- all of the reported CPE hours are either in government financial management topics or related technical subjects applicable to government financial management areas.

CGFM's signature: _____ Date: _____

Please attach:

1. a **list** of all CPEs completed – by either
   a. filling out AGA's **CGFM CPE List for 2023-2024 Cycle**, or
   b. attaching your own **spreadsheet** with the same headings (must include field of study or subject), or
   c. attaching your **employer report** (must include field of study or subject) **AND** having your employer representative sign the bottom portion of this page.

AND

2. proper **supporting documentation** that confirms attendance or completion of all CPE hours (employer report can also serve as back-up documentation, if it includes field of study or subject).

EMPLOYER REPORT: use this section **only** if submitting the employer report as supporting documentation

I certify that the employee listed above has completed the CPE hours as described above. The attached document is the official employer report for this employee.

Signature: _____Name (please print): _____

Title/Employer: _____ Phone/Email: _____

I am this employee's (check all that apply): ☐ supervisor; ☐ education director; ☐ HR representative.