



Certified Investments and Derivatives Auditor

CPE Verification Form

Name: _____
Last Name First Name Middle Name or Initial

Organization: _____

Title: _____ Country: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

E-Mail: _____

CIDA No. _____

Date	Class Name and Description	Location	Sponsor	CPE Awarded

*** Please Note:** Random CIDA Candidates will be selected for verification of the Awarded CPEs listed above. Please keep supporting documentation of described courses for six months from completion date of this form.

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