



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 of Form Completion: _____

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.

Investment Training and Consulting Institute, Inc.
3024 SW Wanamaker, Suite 302
Topeka, KS 66614
Phone: (785) 783-8201, Fax: (866) 606-8921
Website: www.investci.com
E-Mail: cida@investci.com