

# NJ LAW AND PROFESSIONAL ETHICS SEMINAR

## November 3, 2017

### NJ Law Center, New Brunswick, NJ

Approved for CPAs, RMAs, PSAs, PAs 4 CPEs Professional Ethics

Applied for 4 CLEs for NJ Attorneys 3 Ethics 1 Commercial Law

Approved for 4 CEUs by DLGS for CMFO/CCFOs, CTCs, QPAs, CPWMs, RMCs - 4 Ethics

**Instructor: Mr. Douglas Petix, CPA, CMFO**

## Registration Form

**Objective:** This seminar will prepare participants to evaluate situations that call for judgement about NJ State Statutes, Rules of the New Jersey State Board of Accountancy, NJ's Uniform Enforcement Act, Regulations of NJ's Division of Consumer Affairs and ethics issues. Participants will earn four CPE credits in Professional Ethics to fulfill the mandatory requirement for the New Jersey triennial reporting period.

### At this seminar, participants will:

Have an understanding of Public Accounting Licensing and powers of the NJ State Board of Accountancy. Review the CPE requirements. Have an understanding of the objective to Enhance Professional Competence. Be taught the requirements of peer review. Review the differences and similarities of the NJ rules of Professional Conduct and the link to AICPA Code of Professional Conduct.

### Seminar Policies

Refunds and Cancellations: Refunds must be in writing and then will be granted. Cancellation 48 hours in advance of seminar. For more information regarding refund, complaint and/or program cancellation policies, please contact our office at 973.777.4200. \$150.00 per person.

**FAX Your Registration Form: 973 777 0401**

**Mail Your Check to: IPD, PO Box 1468, Clifton, NJ 07015**

**11/3/17 Seminar includes full Breakfast Buffet at 8:30am**

Registration and Breakfast Buffet 8:30am - 9:00am -- Seminar Timetable 9am-1pm  
Registration is available at [www.ipd2.com](http://www.ipd2.com) or by phone at 973.777.4200.

Conference participants will earn 4 CPE Credits in Professional Ethics.

Additional Information: Prerequisites Licensed CPA, RMA, PSA or PA.

Advanced Preparation: None Delivery Method: Group-Live Program Level: Basic

Name \_\_\_\_\_ Firm or Organization \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

CPA License Number \_\_\_\_\_