

COURSE PROPOSAL

The following information is collected for certifying a course for CPE and/or CLE as well as approving a proposed course. Your response to these questions helps us determine additional requirements to certify the course for CPE and/or CLE, such as review by a CPA or licensed attorney. Thank you for completing this form.

COURSE INFORMATION

COURSE TITLE

RECOMMENDED LENGTH IN MINUTES

PREFERRED DELIVERY METHOD

COURSE LEVEL

PREREQUISITES

ADVANCED PREPARATION

Course Description

Learning Objectives

WHERE HAS THIS COURSE BEEN DELIVERED IN THE PAST?

HOW WILL THIS COURSE BE MODIFIED FOR FTL?

WHO IS INVOLVED IN THE DEVELOPMENT OF THIS COURSE?

WHAT ARE THEIR CERTIFICATIONS?

WHO IS INVOLVED IN THE REVIEW OF THIS COURSE?

WHAT ARE THEIR CERTIFICATIONS?

WHAT MATERIALS AND TOOLS WILL YOU NEED TO PRESENT THIS COURSE?

COURSE PROPOSAL (CONTINUED)

INSTRUCTOR INFORMATION

INSTRUCTOR'S NAME

INSTRUCTOR'S CERTIFICATION(S), LICENSE(S), AND NUMBERS

INSTRUCTOR'S TITLE

INSTRUCTOR'S PHONE NUMBER

INSTRUCTOR'S COMPANY

INSTRUCTOR'S EMAIL ADDRESS

COMPANY STREET ADDRESS

CITY

STATE

ZIP

Help us promote your presentation by providing your / your company's social medial handle for:

LINKEDIN

TWITTER

INSTAGRAM

FACEBOOK

Instructor's Bio (limit to four lines)

What is your expertise in this subject matter?

Do you authorize FTL to share your contact information with:

| | | |
|----------------------------------|-----|----|
| Course registrants and walk-ins? | Yes | No |
| Other instructors? | Yes | No |
| Event sponsors? | Yes | No |

Do you authorize FTL to provide a copy of your course materials to participants? Yes No

Are you seeking instructor CPE or CLE for delivering this course? Yes No

Do you authorize FTL to make an audio and video recording of your presentation for the following purposes and retain all rights and privileges to that recording? You will receive a copy of the recording.

| | | |
|---|-----|----|
| Promotional purposes | Yes | No |
| Viewing for a limited time by absent course registrants | Yes | No |
| Paid online Continuing education | Yes | No |

PREFERRED PRESENTATION DATE - 1ST CHOICE

PREFERRED PRESENTATION DATE - 2ND CHOICE

Return the completed form to Speak@TaxForward.org.