



# 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.**  
 3601 SW 29th Street, Suite 205B  
 Topeka, KS 66614  
 Phone: (785) 783-8201, Fax: (866) 606-8921  
 Website: [www.investci.com](http://www.investci.com)  
 E-Mail: [cida@investci.com](mailto:cida@investci.com)