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**SOCIETY OF DEFENSE FINANCIAL MANAGEMENT**

# AVIATION CHAPTER

**P.O. BOX 33215**

**WRIGHT-PATTERSON AFB OH 45433**

## MONTHLY LUNCHEON

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| **CONTINUING PROFESSIONAL EDUCATION (CPE)**  **CERTIFICATE OF TRAINING** | | |
| **DATE OF LUNCHEON:** 11 June 2025, 11:30am-12:35pm | | |
| **NAME OF ATTENDEE:** | | **OFFICE SYMBOL:** |
| **NAME OF SPEAKER**  Ms. Angela Palma, Associate Director, AFAA/QLF | | |
| **TOPIC:** | ***DoD Fraud Risk Management*** | |
| **PLACE:**  **Virtual: AF Teams** | | |

**1.0 CPE UNITS**

**I certify that the above information is correct.**

**Member’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I certify the above information is correct.**

**Supervisor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### PRIVACY ACT STATEMENT

**AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force.**

**PURPOSE AND USE: To document continuing professional education performed by Financial Managers.**

**DISCLOSURE: Furnishing the information is voluntary. Failure to do so; however, may result in lost credit for CPE earned.**