



# AFFIDAVIT FOR P.Land<sup>®</sup> and PSL<sup>®</sup> RECERTIFICATION CREDITS

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**AFFIDAVIT:** By signing below, I certify subject to penalties provided in the Code of Ethics within the CAPL Constitution, that the information contained herein is true and accurate.

Signature: \_\_\_\_\_

<b>COURSE/CONFERENCE CREDITS</b>
Course Name: _____
Date(s) of Courses: _____
Full Participation in Course
Partial Participation in Course (          %) _____ credits to be prorated
<b>CAPL COMMITTEE VOLUNTEER CREDITS</b>
Committee Name: _____
Commencement of Service: _____
Termination of Service: _____
Signature of Committee Chairman: _____
<b>YEARS OF EMPLOYMENT/OTHER CREDITS</b>
Description: _____
<b>FOR PROFESSIONALISM COMMITTEE USE ONLY:</b>
Approved Credits per Affidavit: _____
Comments: _____
Approved by : _____ Signature: _____