



AFFIDAVIT FOR P.Land[®] and PSL[®] 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: _____

2016 CAPL CONFERENCE CREDITS (St. John's, NL)	
General Meeting & Breakfast Session (1 cr); Monday Concurrent Sessions (1 cr. each); Monday Luncheon Speaker (1 cr); Monday Afternoon Session (1 cr); Wednesday Breakfast Session (1 cr); Wednesday Morning Session (1 cr); Wednesday Luncheon speaker (1 cr)	
Date: _____	
Full Participation: _____	*circle or highlight sessions attended
Partial Participation: (_____ %) credits to be prorated	
YEARS OF EMPLOYMENT/OTHER CREDITS	
Description: _____	
FOR PROFESSIONALISM COMMITTEE USE ONLY:	
Approved Credits per Affidavit: _____	
Comments: _____	
Approved by : _____	Signature: _____