STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

STATE BOARD OF REGISTRATION FOR PROFESSIONAL LAND SURVEYORS

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CONTINUING EDUCATION REPORTING FORM

This form must be typed for acceptance and returned with your renewal card & registration fee.

Registrant Name: _____ Registration Number: _____

Address: _____ City: _____ State: _____ Zip: _____

FOR THE PERIOD: July 1, 2005 TO: June 30, 2007 Page: of

Activity No.	Date(s) or Date Range	Nature of Activity and Sponsoring Organization	Location and Speaker/Instructor (As Applicable)	PDH's For This Activity	Cumulative PDH's for This Period
			Carry over from previous biennium: (5-PDH Maximum)		
			TOTAL NUMBER OF PDH's DECLARED:		

CERTIFICATION:

Under penalty of law, I hereby certify that the declared PDH credits stated herein are correct and that I personally participated and completed those programs in which the credit were earned and that those credits were in fact awarded to me:

Signature Print Name Date

☐ Additional sheet(s) attached: