2016

ASSOCIATION OF NEWFOUNDLAND LAND SURVEYORS
MANDATORY CONTINUING PROFESSIONAL DEVELOPMENT (MCPD)
REPORTING FORM

Member:		NLS #:		Reporting Period: 01-01-2016 to 12-31-2016

Notes:
1) Copy this form for additional activities, if required
2) The required MINIMUM number of MCPDP points is **100** over the MCPDP period, and **20** for any reporting period
3) Sections identified on this form relate those in the Mandatory Continuing Education Program

CATEGORY 1 (2.1)	EDUCATION & TRAINING		# HOURS	# POINTS
Section 4.2	Name of Seminar:			
ANLS Sponsored	Date:			
Education Seminars	Name of Seminar:			
	Date:			
(Point value as assigned	Name of Seminar:			
by Continuing Education	Date:			
Committee)	Name of Seminar:			
	Date:			
Section 4.3	Name of Seminar / Course:			
Survey Related	Content:			
1 hour = 1 point	Provider:			
	Date:			
	Name of Seminar / Course:			
	Content:			
	Provider:			
	Date:			
Section 4.3	Name of Seminar / Course:			
Non Survey Related	Content:			
4 hours = 1 point	Provider:			
	Date:			
	Name of Seminar / Course:			
	Content:			
	Provider:			
	Date:			
			TOTAL POINTS:	

CATEGORY 2 (2.2)	ASSOCIATION PARTICIPATION		No. / Hours	# POINTS	
Section 4.4 **PART I**	Annual Gen Mtg (15 pts) Date:				
Association Related	Special Gen Mtg (15 pts) Date:				
Activities	Regional Meeting (5 pts) Date:				
(Minimum 30 per MCPDP)	Regional Meeting (5 pts) Date:				
Section 4.4 **PART II**	ANLS Committees:				
Association Related	ANLS Committees:				
Activities	ANLS Committees:				
(Maximum 30 per year)	Council: (Enter No. of Meetings)				
	Discipline Mediator:				
	Discipline Investigator:				
	Presenter:				
	Presenter:				
	Rep. ANLS on outside committee:				
	Other (As assigned by MCPDP)				
TOTAL Part I	**TOTAL Part II**	**Part II Max. 30 Pts per year**	**Total Category 2**		
			(Max 35 pts. Per yr)		

CATEGORY 3 (2.3)	OTHER ACTIVITIES		# HOURS	# POINTS	
Section 4.7	Activity:				
Other Activities	Organization:				
	Date:				
Points determined as					
per 4.7)	Activity:				
	Organization:				
	Date:				
				TOTAL POINTS:	
TOTAL POINTS FOR REPORTING PERIOD					

Signature _____ Date _____

Version 1