



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

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_

### COURSE/CONFERENCE CREDITS

Course Name: \_\_\_\_\_

Date(s) of Courses: \_\_\_\_\_

Full Participation in Course

Partial Participation in Course ( \_\_\_\_\_ %) \_\_\_\_\_  
credits to be prorated

### CALEP COMMITTEE VOLUNTEER CREDITS

Committee Name: \_\_\_\_\_

Commencement of Service: \_\_\_\_\_

Termination of Service: \_\_\_\_\_

Signature of Committee Chairman: \_\_\_\_\_

### YEARS OF EMPLOYMENT/OTHER CREDITS

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

### FOR PROFESSIONALISM COMMITTEE USE ONLY:

Approved Credits per Affidavit: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by : \_\_\_\_\_

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