**APPLICATION FOR RECOGNITION OF PROFESSIONAL DEVELOPMENT UNITS**

**DEVELOPER OR TRAINER OF A PROFESSIONAL DEVELOPEMENT ACTIVITY RECOGNIZED BY THE CSF**

This form allows the developer or trainer of a professional development activity recognized by the CSF to obtain twice the number of PDUs allocated (only once per period of recognition for a single activity). **This application must be filled and submitted by the provider of the recognized activity.**

**SECTION A - IDENTIFICATION OF THE PROVIDER AND THE CONTACT PERSON**

**Name of the provider of the recognized activity:** Click here to enter text

Contact person: **Last name:** Click here to enter text **First name:** Click here to enter text

 **Phone:** Click here to enter text **Email:** Click here to enter text

**SECTION B – INFORMATION ABOUT THE DEVELOPER(S) OR TRAINER(S) AND ACTIVITIES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME OF THE DEVELOPER(S)/TRAINER(S)** | **AMF CERTIFICATE NUMBER** | **TITLE OF THE ACTIVITY** (AS LISTED IN THE CONFIRMATION OF RECOGNITION) | **CSF RECOGNITION NUMBER** | **LENGTH****(HOURS)** | **DATE OF THE ACTIVITY** |
| Click here to enter text.[ ]  Developer [ ]  Trainer | Click here to enter text | Click here to enter text. | Click here to enter text. |       | Click here to select a date |
| Click here to enter text.[ ]  Developer [ ]  Trainer | Click here to enter text | Click here to enter text. | Click here to enter text. |       | Click here to select a date |
| Click here to enter text.[ ]  Developer [ ]  Trainer | Click here to enter text | Click here to enter text. | Click here to enter text. |       | Click here to select a date |

**DECLARATION OF THE PROVIDER**

I, **Click here to enter text**, declare that the trainer(s) has led the activity mentioned in section B and has led them for the entire duration of the activity.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Click here to select a date |
| Signature of the contact person |  |  | Date |

**OR**[ ]  I understand that checking this box constitutes a signature that has legal force.

**PLEASE SEND THIS FORM TO INFO@CHAMBRESF.COM**