

**DELAWARE ASSOCIATION OF PROFESSIONAL ENGINEERS  
CONTINUING PROFESSIONAL COMPETENCY ASSESSMENT FORM**

Title of activity/program:

Date Completed:

Provider:

Location (City/State or online):

Presenter (if known):

Format of course (i.e. workshop, conference, webinar)

PDHS Awarded (Specify Category - Technical, Ethics, Business)

Provide a general synopsis of the topics covered:

Provide a narrative of what you learned from this activity:

Email your completed form to [office@dape.org](mailto:office@dape.org) to receive PDH certificate.

Signature \_\_\_\_\_ License No.: \_\_\_\_\_ Date \_\_\_\_\_

**Keep this form for your records.**