

**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 to receive PDH certificate.

Signature _____ License No.: _____ Date _____

Keep this form for your records.