Course/Activity Name:

Training Provider:
Contact:
Address:

Evaluation Criteria Met (Check Box if requirement is satisfied)

☐ Course or activity has a clear purpose, objective and scope
☐ Course or activity type is consistent with PIE Procedure Manual Section 4.1
☐ Instructor qualifications met
☐ Duration of contact time of course or activity can be determined
☐ Course or activity material is sufficient in content and detail to develop, maintain, improve or expand the skills and knowledge of an engineering licensee
☐ An Assessment of the learning that will result from participants in the course will be provided as part of the evaluation.

This course/activity is Accredited / Not Accredited for credit to satisfy mandatory continuing education requirements for the following design professionals licensed in NYS: (Check all that apply)

☐ Professional Engineering  ☐ Land Surveying  ☐ Architecture  ☐ Landscape Architecture

This course/activity is classified as:

☐ CE Training/Activity   ☐ Other CE Training/Activity (qualifies for only 18 of 36 hours, disclosure statement on certificate)

Continuing Education Credit / Professional Development Hours (PDH) Requested: __________ / Assigned: __________
Evaluator Name: ___________________________  # _______________
Signature: ___________________________  Date: ______________
Comments:
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Reason for Reduction or Recommendation for Rejection:
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

A 2nd opinion is required to reject a course/activity or award partial credit if a review is requested.
Reductions in number of PDHs allowed due to evaluation of actual instructional time do not require a 2nd opinion.

2nd Opinion
Evaluator Name: ___________________________  # _______________
Professional Development Hours (PDH) assigned: __________
Signature: ___________________________  Date: ______________
Comments: ___________________________

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________