

INDIVIDUAL APPLICATION FOR RECERTIFICATION CREDITS

This form should be completed by the individual requesting credits and submitted within 30 days of attendance.

Required Attachment(s): Program Outline / Schedule / Brochure.

AAPL MEMBER INFORMATION

Name: _____

AAPL #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PROGRAM/EVENT INFORMATION

Title of Educational Program/Event: _____

Date(s) of Program: _____

Start Time: _____ End Time: _____

Name(s) of Program Speaker or Sponsor: _____

Check all that Apply

Live Group Presentation

Group Video

Live Webcast

Other: _____

Credit Hours Requested

(Credit hours based on actual instruction/presentation time, rounded to nearest quarter hour)

Hour(s) of
Presentation: _____
(General)

Hour(s) of
Presentation: _____
(Ethics)

Hour(s) of
Presentation: _____
(ESA)

Total Hour(s) of
Presentation: _____

Return to:

AAPL
800 Fournier Street
Fort Worth, TX 76102
Phone: 817-847-7700
Fax: 817-847-7704
Email: affidavit@landman.org