

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: certifications@landman.org