



PROFESSIONAL DEVELOPMENT POINTS/CREDITS RECORD

Purpose

The purpose of this form is to confirm participation in a CSCB-approved event by an individual who holds a CCS and/or CTCS designation and wishes to obtain professional development points/credits.

The form must be:

- completed for events hosted by organizations other than the CSCB,
- signed by an event organizer or presenter,
- emailed to the CSCB at cscb@cscb.ca.

Designate Information

Designate name: _____

Email: _____

I hold the following designation(s): CCS CTCS

Event Information

Event: _____

Location (city, province): _____

Date(s) attended: _____

Confirmation

This is to confirm that the designate named above attended this event.

Name (please print): _____

Signature: _____
