



## Continuing Professional Competency Approval Form for Professional Land Surveyors

*Please complete this form if you are: 1) a program sponsor seeking Board approval pursuant to N.J.A.C. 13:40-11.4(a); or 2) an individual licensee seeking approval of a course pursuant to N.J.A.C. 13:40-11.4(b). Credit hours must be calculated in accordance with N.J.A.C. 13:40-11. Sponsors should check the State Board website to confirm credit evaluation before advertising N.J. CPC Credits.*

Please print legibly.

Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_  

Street address
City
State
ZIP code

Name of contact person: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
(include area code)

Website: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Course name: \_\_\_\_\_

Course date(s): \_\_\_\_\_

Total length of course/seminar in hours: \_\_\_\_\_ Total CPC Credit approval requested: \_\_\_\_\_  
*(Live lectures and fully interactive webinars receive one CPC credit for each 60 minutes of class time including 50 minutes of instruction. Correspondence courses and static internet based instruction receive one-half CPC credit based on the average completion time for the course.)*

Instructor's name(s): \_\_\_\_\_  
*(Attach a copy of curriculum vitae (resume) for each instructor. Courses without this attachment will not be evaluated.)*

The curriculum vitae of the lecturer, including specific background which qualifies the individual as a lecturer of repute in the area of instructions must be submitted.

Course site location: \_\_\_\_\_

Attach a copy of the Course Description - A detailed description of course content and estimated hours of instruction must be submitted. **(Do not send course outlines.)**

Submitted by: \_\_\_\_\_

Address: \_\_\_\_\_  

Street address
City
State
ZIP code

Please check one:

- I am the course sponsor.  
*(Sponsors must submit a fee of \$100.00 to cover all courses offered during the current biennial licensing period.)*
- I am an individual licensee seeking approval of a course.  
*(Individual licensees must submit a fee of \$10.00 per course.)*

**OFFICE USE ONLY**

Approved by Committee:       Yes       No

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Course number: \_\_\_\_\_

CPC credit total \_\_\_\_\_