



**PRE-APPROVAL FORM
ILLINOIS LAND SURVEYOR
PROFESSIONAL DEVELOPMENT ACTIVITIES**

CONTINUING EDUCATION PROVIDER / SPONSOR		For Year:	
Date of Seminar:			
Name:			
Address:			
Phone:		Fax:	
Contact Person:		E-mail:	

SEMINAR INFORMATION			
Course Number: (If Applicable)		Number of Contact Hours:	
Course Name:		Number of PDH's Requested:	
Course Content:			
Application to Surveying:			

TRAINING / PRESENTER PERSONNEL	
Name of Presenter:	
Title:	
Employee of:	
Training / Expertise:	

Check One:		One-time presentation
		Continuing presentation
Include:		Outline with time schedule
		Resume for each instructor
		Course material

REMEMBER: 1 PDH IS EQUAL TO 50 MINUTES OF ACTUAL SEMINAR TIME EXCLUDING ALL BREAKS.

TYPE OF PDH's REQUESTED		
	No. PDH Hrs.	
		GENERAL
		PROFESSIONAL CONDUCT / ETHICS
		STATE SPECIFIC
		STATUTES AND STANDARDS

RETURN FORM TO:
IPLSA • Attn: Education & Training Committee •
P.O. Box 5627 • Springfield, IL 62705 • Fax: 217.528.3279 • info@iplsa.org
Questions? Please call 217.528.3053