NYSSPE PIE Sponsor Org #: SM000002

**Program/Course Submittal Form**

**#\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(For Institute use only)

Course/Activity Name: Full Title – it must match presentation

Name(s) of Presenter(s): Name of Presenter(s)

Chapter: Monroe Professional Engineers Society\_\_ Phone: 315.597-3944

Contact: David C. Roberts, P.E. Fax: 315.597.3341

Address: Garlock Sealing Technologies, 1666 Division Street, Palmyra, NY 14522

Email: dcrobertspe@gmail.com

**Time & Place** course/activity scheduled: April 26, 2016 Rochester, New York

Brief Subject Description (10-25 words):

Primary Target Audience: Engineers, ++++(Architects?)+

Course/Activity Objective:

Course Prerequisites: Identify if any (i.e. Degree in engineering or architecture)

**Required Supporting Material**  **(Must be received a minimum of 3 weeks prior to presentation for evaluation by NYSSPE**

⌧A resume or bio is attached for each speaker (to demonstrate the speaker’s qualifications to speak on the topic).

⌧A sufficiently detailed course outline with contact time is attached to demonstrate the appropriateness of the material.

⌧ A copy of the presentation slides and/or hand-outs or other course materials is attached.

⌧ Assessment of learning (i.e. test, Q & A session, course evaluation form)

 1.0 Professional development hours of continuing education credit (PDH) requested.

*Note: The minimum credit allowed for any training shall be 1.0 PDH. Fractional PDHs are allowed if the training activity is greater than 1.0. To obtain an hour’s credit, at least 50 minutes must be instruction. Breaks and administrative time are to be deducted. Sufficient schedule information must be provided in the outline to allow for evaluation of actual instructional contact time.*

This application is for accreditation to satisfy mandatory Continuing Education requirements for the following design professionals licensed in NYS: (Check all that apply)

 ⌧**Professional Engineering** [ ] **Land Surveying** [ ] **Architecture** [ ] **Landscape Architects**

**Signature:** **Date:**