**#**

**Course Evaluation Record**



NYSSPE PIE Sponsor Org #: SM000002

|  |  |
| --- | --- |
| Course/Activity Name |  |

|  |  |
| --- | --- |
| Training Provider: | Monroe Professional Engineers Society (Chapter of NYSSPE) |
| Contact: | David C. Roberts, P.E. |
| Address: | Kinetic Machine Development, LLC, 17 Linden Park, Rochester, NY 14625 |

Evaluation Criteria Met (Check Box if requirement is satisfied)

Course or activity has a clear purpose, objective, and scope

Course or activity type is consistent with PIE Procedure Manual Section 4.1

Instructor qualifications met

Duration of contact time of course or activity can be determined

Course or activity material is sufficient in content and detail to develop, maintain, improve or expand the skills and knowledge of an engineering licensee

An Assessment of the learning that will result from participants in the course will be provided as part of the evaluation.

This course/activity is **Accredited / Not Accredited** for credit to satisfy mandatory continuing education requirements for the following design professionals licensed in NYS: (Check all that apply)

**Professional Engineering**  **Land Surveying**  **Architecture**  **Landscape Architecture**

**Ethics**

This course/activity is classified as:

**CE Training/Activity  Other CE Training/Activity** (qualifies for only 18 of 36 hours, disclosure statement on certificate)

|  |  |  |  |
| --- | --- | --- | --- |
| Continuing Education Credit / Professional Development Hours (PDH) Requested: | 1.0 | Assigned: | 1.0 |

|  |  |  |  |
| --- | --- | --- | --- |
| Evaluator Name |  | # |  |
| Evaluator Email |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Comments:

|  |
| --- |
|  |
|  |

Reason for Reduction or Recommendation for Rejection:

|  |
| --- |
|  |
|  |
|  |

A 2nd opinion is required to reject a course/activity or award partial credit if a review is requested.

Reductions in number of PDHs allowed due to evaluation of actual instructional time **do not** require a 2nd opinion.

**2nd Opinion**

|  |  |  |  |
| --- | --- | --- | --- |
| Evaluator Name |  | # |  |

|  |  |
| --- | --- |
| Professional Development Hours (PDH) assigned: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Comments: