**#**

**Course Evaluation Record**

 NYSSPE PIE Sponsor Org #: SM000002

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| --- | --- |
| 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)

[x]  **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)

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

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

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

Comments:

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Reason for Reduction or Recommendation for Rejection:

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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: