

### General Information

All continuing professional development (CPD) activities and hours must be relevant to the practice of engineering or surveying and include technical, ethical, or managerial content. This form is required for tracking your CPD hours for your Ohio P.E. and/or P.S. registration biennial renewal.

This form does not replace copies of your certificates of completion or other documentation required by Ohio Revised Code Section 4733.151. Each course or activity must include a certificate of completion or letter from the provider which includes the activity title, activity description, number of hours completed, the date of the activity, the location/address, the attendee's name, and the provider or instructor's name.

The Board requires 30 CPD hours for each biennial renewal including two (2) hours covering professional ethics and/or the Board's laws and rules. There is a designated row on this form to input the ethics hours earned. If you do not have the required number of CPD hours or proper proof of completion, you may not renew until you have completed Ohio's CPD requirement in accordance with ORC 4733.151.

A maximum of 15 CPD hours may be carried over from the preceding renewal period. These hours may be entered in the carryover field.

For more information about the Board's CPD requirements, please view our website at [peps.ohio.gov](http://peps.ohio.gov).

### Completing the CPD Log

Please enter your full **name** (as registered with the Board), your **license number(s)**, and the **year** of continuing education you are documenting.

You will need to provide the dates of the activity, sponsor/provider's name, activity title and description, instructor's name, hours earned, and document your proof of completion.

The highlighted row is designated specifically for the ethics hours earned.

This form will calculate the hours earned for the entire page under the **subtotal** field.

You may enter up to 15 carryover hours earned from the preceding renewal period in the **carryover** field.

The **TOTAL CPD HOURS** field will list the sum of the hours earned from the **subtotal** field and **carryover** field.

Once you have completed the log, please attest to the affidavit by signing and dating the form.

If you need to document more hours than the form allows, please use multiple pages and sign and date each page. Please only enter the carryover hours on one sheet, if you are using multiple pages for the renewal period.



**CONTINUING PROFESSIONAL DEVELOPMENT LOG**

Name:

License Number:

Year:

Date	Sponsor/Provider	Activity Title and Description	Instructor	Hours Earned	Proof of Completion	
To: From:					<input type="checkbox"/> Certificate of Completion	<input type="checkbox"/> Letter from Provider
To: From:					<input type="checkbox"/> Certificate of Completion	<input type="checkbox"/> Letter from Provider
To: From:					<input type="checkbox"/> Certificate of Completion	<input type="checkbox"/> Letter from Provider
To: From:					<input type="checkbox"/> Certificate of Completion	<input type="checkbox"/> Letter from Provider
To: From:					<input type="checkbox"/> Certificate of Completion	<input type="checkbox"/> Letter from Provider
To: From:					<input type="checkbox"/> Certificate of Completion	<input type="checkbox"/> Letter from Provider
To: From:					<input type="checkbox"/> Certificate of Completion	<input type="checkbox"/> Letter from Provider
To: From:					<input type="checkbox"/> Certificate of Completion	<input type="checkbox"/> Letter from Provider
To: From:					<input type="checkbox"/> Certificate of Completion	<input type="checkbox"/> Letter from Provider
To: From:					<input type="checkbox"/> Certificate of Completion	<input type="checkbox"/> Letter from Provider
To: From:					<input type="checkbox"/> Certificate of Completion	<input type="checkbox"/> Letter from Provider
To: From:		ETHICS			<input type="checkbox"/> Certificate of Completion	<input type="checkbox"/> Letter from Provider

**AFFIDAVIT** The CPD credits listed herein are true & correct & accurately state the continuing education hours earned.

Subtotal: \_\_\_\_\_  
 Carryover: \_\_\_\_\_  
**TOTAL CPD HOURS:** \_\_\_\_\_

\_\_\_\_\_  
 Signature Date