

American Institute of Constructors

**Constructor Certification Commission Document No. 30**

**Continuing Professional Development Audit Form**

Audit Cycle:

Certificant's Name:

Certificate Number :

Auditor's Name :

**Section 1** - Education Course Work (min. 20 credits, 32 credits max.)

Credits: \_\_\_\_\_

**Section 2** - Membership & Service (min. none, max. 12 credits)

Credits: \_\_\_\_\_

**Total Verified CPD Credits:** \_\_\_\_\_

I certify that, based on my audit of the records submitted to me by the above named certificant, the certificant **has** \_\_\_\_\_ **has not** \_\_\_\_\_ earned the required CPD credits for the audit period stated.

Comments:

Signature of Auditor \_\_\_\_\_

Date of Audit:

**Revision History:**

Latest Revision: 02/08/2022