

LICENCE # _____
DIGGER _____
DRILLER _____
PUMP INS _____

Continuing Education Program

Assessment Form

(for submission by individuals to register points)
Please print clearly

Name: _____

Address: _____

Phone #: _____

Date of Course: _____ Course Duration (hours): _____

Instructor: _____

Location: _____

Description of Event: _____

Description of Course Material: _____

Certificate of Achievement Received? Yes _____ No _____

(if yes, please enclose a copy of certificate)

Signature of Instructor: _____

Signature of Participant: _____

Please mail to:

CEP c/o NSGWA
#3 – 644 Portland Street
Suite 417
Dartmouth, NS B2W 2M3
nsgwa@ns.aliantzinc.ca

Or e-mail to:

Office use only _____
