

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 \_\_\_\_\_

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