



<b>API CPD Activities Form</b>	
<i>For activities where documentation is not readily available</i>	
<b>Certificant Information</b>	
Name (as displayed in the ICP Portal):	API ID:
<i>Check Certifications</i>	<i>List Certification Numbers</i>
<input type="checkbox"/> API 510	
<input type="checkbox"/> API 570	
<input type="checkbox"/> API 653	
<b>Activity Information</b>	
Activity Date(s):	Activity Duration (hours):
Activity Name:	Location:
Check role:	
<input type="checkbox"/> Participant <input type="checkbox"/> Presenter/trainer <input type="checkbox"/> Other (explain):	
Description of Activity, the knowledge you acquired (ex. NDE, Welding inspection, Damage Mechanisms) and applicability to certification(s):	
Website link for event (if applicable):	
<b>Verification of Attendance</b>	
_____	_____
Printed Name	Signature
Position:	
Company:	Date Signed:
*For attendees, the leader of the meeting, host, trainer or supervisor may sign off For trainers/presenters, the host or trainer's supervisor may sign off	