



ALBNL CONTINUING EDUCATION PROGRAM (CEP)

CORE Request for Assessment of CEP Learning Hour Activity

<b>Applicant information</b> (please print clearly in block letters)	
Last name	First Name
Telephone:	Email:
<b>Program information</b> (please print clearly in block letters)	
Program / Course Title	
Provider / Presenter	
Duration:     ___ number of hours             ___ number of days	
I am planning to attend the course     ___	I completed the course             ___
Course date:	Date of completion:

<b>If you completed the course, please attach the following</b>
1) Course Registration Confirmation             2) Certificate of Completion
3) Learning Objectives                             4) Course Outline
<b>Please identify under which CORE/STRUCTURED Topic the program / course falls under:</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Architectural Culture</li> <li><input type="checkbox"/> Architectural Design</li> <li><input type="checkbox"/> Environment &amp; Energy</li> <li><input type="checkbox"/> Heritage Building Restoration</li> <li><input type="checkbox"/> Legal Issues and Legislation related to Architectural Practice and the Construction Industry</li> <li><input type="checkbox"/> Building Codes (NBCC, NFPA, Accessibility Act, applicable CSA Standards)</li> <li><input type="checkbox"/> Practice Management and Project Management</li> <li><input type="checkbox"/> Risk Management</li> <li><input type="checkbox"/> Starting your Own Practice</li> <li><input type="checkbox"/> Sustainable Design/Green Architecture (including LEED Workshops Accreditations)</li> </ul>
Any questions, please contact the ALBNL <a href="mailto:albnl@albnl.com">albnl@albnl.com</a> .