Participant-initiated non-RID activities (PINRA)

Non-RID conferences or seminars

APPROVAL FORM MUST BE SUBMITTED AND APPROVED BEFORE START OF ACTIVITY.

CMP Participant First Name: **Last Name:** **RID Member #:**
(Last name must match you RID database membership)

City: **State:** **Email:**

CMP Participant Cycle End Date:

Activity/Conference/Event Host Name:

Training/Workshop Title:

Presenter Name:

BIO Link:

Event Link:

Activity Start Date: **Activity Completion Date:**

Start time of Activity: **Ending time of Activity:**

Total number of CEUs to be awarded:

Which Studies: (choose) **Professional Studies** **General Studies**

PPO

I certify that this activity/conference represents a valid and certifiable Continuing Education Experience that exceeds routine employment responsibilities. I will submit the below requirements along with this form at trixbruce.com/pinra-form/

Supporting materials used to determine educational value, CEU calculation and PS/GS content area (e.g. workshop/event outline, description, event brochures, registration forms, agendas, etc.).

A copy of completion certificate/attendance registration/presenter's note with a total of clock hours

A description of why this activity is relevant to your professional development goals. (PS requirement only)

Participant Signature: **Date:**

Name of Approved Sponsor: Trix Bruce

I certify that I received this activity plan prior to the start of the activity/conference and I agree to sponsor this Coninuing Education Experience. I will verifi successful completiong prior to awarding CEUs.

RID Sponsor Name: Trix Bruce Signature:

RID Sponsor Code: 021 Date:

RID Activity Code Number:

I have verified that the participant attended this activity/conference and that the activities listed are appropriate educational experiences which should be awarded the number of CEUs denoted above.

RID Approved Sponsor Signature Administrator Date: