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TPS - the business name of SASTT

TECHNOLOGY PROFESSIONALS SASKATCHEWAN

PROFESSIONAL DEVELOPMENT ASSURANCE (PDA) VOLUNTARY PROGRAM

Name: _____ Designation: ☐ P.Tech. ☐ C.Tech. ☐ Associate

Employer: _____ Job Title: _____

Diploma / Certificate: _____ Discipline Employed: _____

1.0 Training:

Course Name: _____

Institution: _____

Course Date: _____

Course Length: _____

Number of PDA Credits Issued: _____

2.0 Technical / Personal Development *(name and date)*:

2.1 Newsletters: _____ ☐ Technical ☐ Personal

2.2 Trade Publications: _____ ☐ Technical ☐ Personal

2.3 Technical Journals: _____ ☐ Technical ☐ Personal

2.4 Other: _____ ☐ Technical ☐ Personal

3.0 Other (List other types of professional development actions):

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[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
```

Note: *If additional information is required to explain other types of professional actions, please attach this information on a separate sheet.*

☐ **Attached is a copy of my certificate of completion.**

REGISTRANT'S SIGNATURE: _____ **DATE:** _____