

PROFESSIONAL MAINTENANCE & RECERTIFICATION PROGRAM WORKSHEET

For activities from _____ to _____ (dates)

Name _____ Certificate No. _____

Record the activities accomplished in each category being as specific as possible. List each activity separately using multiple lines and pages as needed. Only 30 hours in each category are credited toward the 60 PDHs required in a 5 year period. See Section 8(c.)(2.) of the "Standards for Certification of Professional Soil Classifiers" for category descriptions.

Category	Activity Description	Date(s)	Sponsor How/Where	PDHs Earned
A				
Total PDHs in Category A = _____				
B				
Total PDHs in Category B (15 Max/Activity) = _____				

PROFESSIONAL MAINTENANCE & RECERTIFICATION PROGRAM WORKSHEET (cont.)

Category	Activity Description	Date(s)	Sponsor How/Where	PDHs Earned
C	Total PDHs in Category C (15 Max/Activity) = _____			
D	Total PDHs in Category D = _____			

PROFESSIONAL MAINTENANCE & RECERTIFICATION PROGRAM WORKSHEET (cont.)

Category	Activity Description	Date(s)	Sponsor How/Where	PDHs Earned
E	Total PDHs in Category E (Max 30 Total) = _____			
F	Total PDHs in Category F (12 Max/Activity) = _____			

PROFESSIONAL MAINTENANCE & RECERTIFICATION PROGRAM WORKSHEET (cont.)

Category	Activity Description	Date(s)	Sponsor How/Where	PDHs Earned
G	<p style="text-align: right;">Total PDHs in Category G (4/Office/Year Max.) = _____</p>			
H	<p style="text-align: right;">Total PDHs in Category H (12 Max) = _____</p>			

PROFESSIONAL MAINTENANCE & RECERTIFICATION PROGRAM WORKSHEET (cont.)

Category	Activity Description	Date(s)	Sponsor How/Where	PDHs Earned
I	Total PDHs in Category I (24 Max.) = _____			
J	Total PDHs in Category J (6 Max) = _____			

PROFESSIONAL MAINTENANCE & RECERTIFICATION PROGRAM WORKSHEET (cont.)

Category	Activity Description	Date(s)	Sponsor How/Where	PDHs Earned
K	Total PDHs in Category K (20 Max/Patent) = _____			

PDHs earned from _____ to _____ (dates). TOTAL PDHs = _____

I hereby certify that the above information is correct and that I have earned these PDHs in the year(s) noted above.

Date _____ Signature _____

This form may be submitted with the annual renewal fee or forwarded anytime during the 5-year recertification period.