

Al Professional Association CAIE Renewal Form

	Applicant Information	
Full Name:		Application Date:
Address:	Block Street Address	
		Postal Code
	Email:	
	CAIE Information	
CAIE Level:	Certification Number:	Date Attained:
	Employment Information	
Current Role	/ Position:	
Current Corr	pany / Organization:	
_	CPD Record	
Total CPD H	ours Recorded	
(CPD: Conti	nuous Professional Development)	

Please provide the record details in the next few sections.

1. Training Course Record

Index	Course	Training Provider	Documents Submitted (pls state filename)	Date Started	Date Completed	Total CPD hrs

2. Skill Certification Record

Index	Certification	Certification Organization	Documents Submitted (pls state filename)	Date Obtained	Total CPD hrs

3. Conduct Training Record (only for CAIE Level2)

Index	Course	Training Institute / Organizer	Documents Submitted (pls state filename)	Date Started	Date Completed	Total CPD hrs

Declare CPD Compliance				
Reminder Note:				
CAIE Level 1 renewal Requirement	Logged at least 75 CPD hours			
CAIE Level 2 renewal Requirement	 Technical Report for Al Project Logged at least 100 CPD hours Logged at least 25 CPD hours for Project Management / Leadership Courses 			
Did you meet the minimum CPD requirement? YES NO Total CPD Hours:				
Please submit the necessary verifiable documentation and CPD Record Form with this application.				
Disclaimer and Signature				
I certify that my inputs are true and complete to the best of my knowledge. If application is approved, I understand that false or misleading information may result in certification revoked.				
Signature:	Date:			