



Professional Development Requirement (PDR) Reporting Form

Please complete this form and attach all documentation

PLEASE FILL IN THE INFORMATION BELOW:

Member Name: _____

Member Number:

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Event Name: _____

Event Location: _____

Start Date: ____/____/____ End Date ____/____/____

Time Start: _____ End Time: _____

Agenda Attached: YES

Letter of Verification Attached: YES

Member Signature: _____

Date: ____/____/____

* For Section Use Only

Please attach either the event agenda or letter of verification from the individual(s) hosting the event:

Section's Official Signature _____

Date: ____/____/____

PDR Activity Code: _____ Number of PDR Hours: _____

Fax to (561) 624-8439 or Email: msr@pgahq.com