

**CIVIL AIR PATROL
SENIOR MEMBER PROFESSIONAL DEVELOPMENT PROGRAM DIRECTOR'S REPORT**

Submit this form immediately after completion of the school or course in accordance with reporting instructions in CAPR 50-17, *CAP Senior Member Professional Development Program*. This form provides information for training record updates and for training awards and promotions. Forward this form through the wing commander for signature (see *NOTE 1*) or mail or fax the completed form directly to:

NHQ CAP/DP
E-mail: LMMEFORMS@CAPNHQ.GOV
105 South Hansell Street, Building 714
Maxwell AFB AL 36112-6332
Phone: Toll free 877-227-9142, ext 210
Fax: 334-953-4262

Check the course that applies. NHQ CAP/DP will only credit students with the course(s) checked on this form.

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Foundations Course and Cadet Protection | <input type="checkbox"/> CLC |
| <input type="checkbox"/> Foundations Course Only | <input type="checkbox"/> RSC |
| <input type="checkbox"/> Cadet Protection Only | <input type="checkbox"/> NSC |
| <input type="checkbox"/> SLS | <input type="checkbox"/> Other |

Date(s) of Training: _____

Wing: _____ Location: _____

PLEASE TYPE/PRINT CLEARLY. CAPID NUMBER AND MEMBER'S SIGNATURE ARE ESSENTIAL IN ORDER FOR NHQ CAP/DP TO ENSURE MEMBERS RECEIVE PROPER CREDIT FOR THE COURSE.

	NAME	CAPID	CHARTER NO.	SIGNATURE
1.	_____	_____	_____	_____
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9.	_____	_____	_____	_____
10.	_____	_____	_____	_____



DIRECTOR'S SIGNATURE

WING COMMANDER'S SIGNATURE

*NOTE 1: Wing commander's (or designee's) signature is required for processing SLS and CLC completion and credit.
NOTE 2: For all courses, send a copy of the CAPF 11 to the wing/region professional development officer (if required by wing/region policy).*

Local reproduction of this form is authorized.

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