

SECTION 2E: PROFESSIONAL DEVELOPMENT – WORK EXPERIENCE

PDU's for professional work experience related to PSO activities

Certified individuals can claim up to five (5) PDU's per year for work as a PSO professional. Your current supervisor must sign and attest to the work experience claims made below. If they have not been your supervisor for the full 3-year period, they can attest to the best of their knowledge. If you are self-employed, such as an independent consultant, you can either have a colleague sign or sign yourself. An electronic signature may be used or, you may have your supervisor send an email to psap@pumps.org attesting to the information. If an email is sent, you must have them clearly state who the attestation is for.

PDU's are awarded at the following rates:

- 0 PDU's for less than 10% of time spent on PSO-related work
- 1 PDU's for greater than 10% of time spent on PSO-related work
- 2 PDU's for greater than 25% of time spent on PSO-related work
- 3 PDU's for greater than 40% of time spent on PSO-related work
- 4 PDU's for greater than 60% of time spent on PSO-related work
- 5 PDU's for greater than 80% of time spent on PSO-related work

Fill out the information below for PSO-related work experience claimed:

Give a brief description of your PSO-related experience and typical job duties:

Experience Table

<10% = 0 PDU's	>10% = 1 PDU's	>25% = 2 PDU's	>40% = 3 PDU's	>60% = 4 PDU's	>80% = 5 PDU's
Year	%PSO-Related	PDU's Claimed	Supervisor/Manager Name		
1					
2					
3					

I _____ (*Print Supervisor's Name*) attest that the work experience information presented above by _____ (*Print Applicant's Name*) is accurate to the best of my knowledge.

Supervisor's Name: _____ Supervisor's Position/Job Title: _____

Signature of Supervisor: _____ Date: _____

Check here if you are self-employed and signing for yourself

SUMMARY OF PROFESSIONAL DEVELOPMENT UNITS CLAIMED

PDU Category	PDU
Section 2A: Formal Training.....	_____
Section 2B: Self-Directed Learning.....	_____
Section 2C: Creating New PSO Knowledge.....	_____
Section 2D: Volunteer Service.....	_____
Section 2E: Work Experience.....	_____
Total PDUs Claimed (Add PDUs from Sections 2A, 2B, 2C, 2D, & 2E).....	_____

SECTION 3: ATTESTATION

In order to qualify for renewal of certification by PDUs, you must meet and attest to each of the following statements. Read the statements carefully and initial, then sign at the bottom. You may use an electronic signature.

I _____ (*Print Your Name*) attest to each of the following statements.

_____ I have participated in the professional development and work activities as stated in Section 2 of this renewal application since receiving my last certification.

_____ I have continued to follow the Code of Ethics of Pump Systems Assessment Professionals.

_____ The information provided in this application is true, accurate, and complete to the best of my knowledge. Additionally, I am willing to provide in a timely manner, any additional evidence requested by the Hydraulic Institute that supports the information provided in this form. I understand that falsifying information could result in the loss of my Certification.

Signature: _____ Date: _____

Hydraulic Institute Use Only

PDUs Allowed	PDUs
Formal Training PDUs Allowed.....	_____
Self-Directed Learning PDUs Allowed.....	_____
Creating New PSO Knowledge PDUs Allowed.....	_____
Volunteer Service PDUs Allowed.....	_____
Work Experience PDUs Allowed.....	_____
Total PDUs Allowed.....	_____

Approved Not Approved Date: _____

Reviewed By: _____

Title: _____