

**THANK YOU** *for volunteering your  
time, talents, and treasure  
to support cadets!*

# Course Credit

Ensure your

**CAPID** is

**clear and legible**

or you may not get credit  
for the course

You **MUST** complete the  
online modules to receive  
course credit

**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: LMMIFORMS@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.  | _____ |       |             | _____     |
| 2.  | _____ |       |             | _____     |
| 3.  | _____ |       |             | _____     |
| 4.  | _____ |       |             | _____     |
| 5.  | _____ |       |             | _____     |
| 6.  | _____ |       |             | _____     |
| 7.  | _____ |       |             | _____     |
| 8.  | _____ |       |             | _____     |
| 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.*

## Course Evaluation

Please take 3 minutes and complete the evaluation right now

Website link

<https://www.surveymonkey.com/r/TLCbasic>



# COURSE CONCLUSION



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