



**Certified Documentary Credit Specialist Recertification
Activity Reporting Form**
(This form may be photocopied)

Name:	
Bank/Company:	
Address:	
City:	State/Province
Zip/Postal Code:	Country:
Telephone:	Fax:
Email Address:	

Continuing Professional Development (CPD) Record

Date	Type of Activity (From Recertification Guidelines)	Sponsoring Organization	# of CPDs

I confirm that I have adhered to the CDCS® Recertification Guidelines and have met the requirements for each activity reported.

Signature: _____ Date: _____

This form should be submitted to cdcs@baft.org along with a Recertification Application. For questions or more information, email cdcs@baft.org.