

CDCS Activity Reporting Form

This form should be completed as each PDU activity is undertaken. Each form should be submitted to either the **ifs** or IFSA at the appropriate time, as detailed in the recertification guidelines.

NAME	CDCS NUMBER (EG DC12345)

PDU ACTIVITY UNDERTAKEN (INCLUDE DETAILS OF DATES AND SUPPLIERS IF RELEVANT)

WHAT CAUSED YOU TO UNDERTAKE THIS ACTIVITY?

HOW HAS THE ACTIVITY BENEFITED YOUR DEVELOPMENT AS A CDCS?

WHICH CATEGORY IS THE PDU ACTIVITY CLAIMED FOR?	I	II	III	IV	V	VI	VII
Total number of hours claimed:							

DECLARATION	
Signature of CDCS	Signature and name of reviewer agreeing contents of claim
Date	Date

CDCS Summary Reporting Form

This form should be completed at the end of each three-year recertification cycle. The form should be submitted to either the *ifs School of Finance* or IFSA at the appropriate time, as detailed in the recertification guidelines.

NAME	CDCS NUMBER (EG DC12345)

PERIOD OF RECERTIFICATION (EG 1 JANUARY 2007 – 31 DECEMBER 2009)

NUMBER OF PDUs CLAIMED IN THREE-YEAR RECERTIFICATION PERIOD

DECLARATION	
<p>I the undersigned, confirm that as a Certified Documentary Credit Specialist, I have adhered to the recertification guidelines as supplied by the <i>ifs/IFSA</i></p> <p>Through following these guidelines, I have recorded my professional development on CDCS activity reporting forms and submitted these to the <i>ifs/IFSA</i> as required.</p>	
Signature of CDCS _____	Signature and name of reviewer agreeing contents of claim _____
Date _____	Date _____