



Montana Association of Registered Land Surveyors  
Application for Evaluation of  
Continuing Education Activity

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**Instructions:**

- A. One form must be completed for each course using the PDF form provided by MARLS. Paper copies will not be accepted.
- B. A fee of \$50.00 for course evaluation is required for each form. Credit card payment at the time the application is submitted is preferred. If paying by check, *make checks payable to "Montana Association of Registered Land Surveyors"*. Note: If this is a program that has been previously approved by MARLS, the review fee is waived.
- C. Please read and complete all sections of the application. Incomplete forms will not be accepted. The application can be navigated by using the "tab" key. Attach all additional information to your email in pdf, Word, or PowerPoint formats, as is applicable.
- D. If you have the capability to attach an electronic/digital signature to the completed application, please do so. If you do not have this capability, please print the completed form in **color**, sign it, re-scan the completed signed form in full **color** PDF format, and return the PDF to the MARLS administrative secretary at the address listed below.

Please return by email attachment to [kay@marls.com](mailto:kay@marls.com):

Montana Association of Registered Land Surveyors  
Attn: Kay McDonald, Administrative Secretary  
PO Box 359  
Columbia Falls, MT 59912  
Phone: 406-892-4579  
Cell: 406-253-5527  
Fax: 406-897-2519  
Email: [kay@marls.com](mailto:kay@marls.com)  
Website: [www.marls.com](http://www.marls.com)

**Montana Association of Registered Land Surveyors**  
**Application for Evaluation of Continuing Education Activity**

**Course / Seminar Title:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**SECTION I: PROVIDER**

1. \_\_\_\_\_  
(Name/Name of Organization)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

\_\_\_\_\_  
(Phone) (Fax) (Email)

2. Briefly describe the providing organization (if applicable):

**SECTION II: COURSE**

1. This is a: \_\_\_\_\_ New course being submitted to MARLS for the first time.  
\_\_\_\_\_ New version or repeat of a course previously approved by MARLS.

2. Course(s) will be offered at:  
City, State: \_\_\_\_\_ Date: \_\_\_\_\_  
City, State: \_\_\_\_\_ Date: \_\_\_\_\_  
City, State: \_\_\_\_\_ Date: \_\_\_\_\_

3. Course Title: \_\_\_\_\_

4. \_\_\_\_\_ Check here if this course has been previously reviewed and approved by the National Society of Professional Surveyors or any state requiring continuing education.  
NSPS: yes \_\_\_\_\_ no \_\_\_\_\_ State Name: \_\_\_\_\_

5. Length of course instruction time: \_\_\_\_\_  
1 PDH (Professional Development Hour) to be awarded for each approved contact hour of instruction.

6. Type of learning activity (mark all that apply):

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| 1) _____ Classroom Instruction      | 6) _____ Multi-Media/Television/Radio |
| 2) _____ Lecture/Lecture with Lab   | 7) _____ Workshop/Institute           |
| 3) _____ Correspondence Course      | 8) _____ Study/Discussion Group       |
| 4) _____ Approved Independent Study | 9) _____ Work Experience              |
| 5) _____ Apprentice/Internship      | 10) _____ Other; Describe _____       |

7. Fee being charged per person for this course: (if applicable) \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

8. Estimated enrollment range at course location(s): \_\_\_\_\_

9. The target group(s) for this course are: (Mark all that apply)

- |                             |                      |                          |
|-----------------------------|----------------------|--------------------------|
| _____ Land Surveyors        | _____ Engineers      | _____ Survey Technicians |
| _____ Educators             | _____ Contractors    | _____ Title Specialists  |
| _____ Attorneys             | _____ General Public |                          |
| _____ Other; describe _____ |                      |                          |

10. Please explain the potential for practical application of this course material. How will a participant use this material professionally?

11. Attach a brief typewritten pdf outline of the content of this program and show the presentation timing of each segment. Be sure to include times for breaks, meals, etc.

12. If available, attach a pdf of the handouts and/or texts to be utilized in the program. If unavailable, briefly describe handouts. If any examinations are to be given, attach copies in pdf format.

13. The instructor will measure success of the program by having the participant: (mark all that apply)

Complete problems                       Fill out evaluation form  
 Take a test                                       Other, describe \_\_\_\_\_

**SECTION III: INSTRUCTOR/PANEL MEMBERS**

1. Attach a resume of each instructor, including full address, email address, phone number, and past educational offerings. Resumes should address the qualifications of the instructor to teach in the technical area of this program (in pdf format).

2. Attach a list of panel members who will be involved and briefly describe their roles and expertise (if applicable) in pdf format.

**SECTION IV: OTHER**

1. Who designed this program? Please identify:

Individual(s) \_\_\_\_\_  
 Organization(s) \_\_\_\_\_

2. Has the program been offered before?    Yes \_\_\_\_\_ No \_\_\_\_\_

If so, to what audience?

\_\_\_\_\_

3. If a printed program announcement is available, please attach in a separate pdf.

4. Attach any other information you wish to offer.

5. Will certificates (proof of attendance) be provided to attendees?    Yes \_\_\_\_\_ No \_\_\_\_\_

I have reviewed the information provided in this request and find it to be accurate to the best of my knowledge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

<b>Please return by email attachment to <a href="mailto:kay@marls.com">kay@marls.com</a>:</b> Montana Association of Registered Land Surveyors Attn: Kay McDonald, Administrative Secretary PO Box 359 Columbia Falls, MT 59912 Phone: 406-892-4579 Cell: 406-253-5527 Fax: 406-897-2519 Email: <a href="mailto:kay@marls.com">kay@marls.com</a> Website: <a href="http://www.marls.com">www.marls.com</a>	<b>Credit Card Information:</b>	
	Card Type:	
	Name on Card:	
	Card Number:	
	Card Expiration Date:	
	3-Digit Security Code on Back of Card:	