



**SOCIETY OF DEPRECIATION
PROFESSIONALS**

8100-M4 Wyoming Blvd NE #228
Albuquerque, NM 87113
(505) 867-9513 voice
(505) 867-0917 FAX
sdp@his.com

**CERTIFIED DEPRECIATION PROFESSIONAL
RECERTIFICATION APPLICATION**

Applicant's Personal Data

(Please print or type)

Applicant Name _____

Company Name _____

Address _____

City / State / ZIP _____

Office Phone _____ Home/Cell Phone _____

Email Address _____ Date of Previous Certification _____

CDP RECERTIFICATION FORM

To remain certified and retain the CDP designation, all Certified Depreciation Professionals (CDPs) of the Society of Depreciation Professionals (SDP or Society) are required to submit evidence of professional growth through continuing education and/or participation in professional activities. Those failing to recertify will no longer be recognized by the Society as Certified Depreciation Professionals. The deadline date for recertification is 5 years following the applicant's certification date (i.e., 5 years from the date on the certificate issued by the SDP) or 5 years from the last recertification.

A minimum of 100 Professional Development Credits (PDCs) must be earned to be recertified. All activities for which PDCs are claimed must be relevant to the practice of depreciation. These activities should advance the professional or technical competence of the applicant and/or the depreciation profession. Qualifying educational activities may be sponsored or presented by a college or university, the applicant's employer, a government agency or association, a nationally recognized technical or professional society such as the SDP, or other organization. It is the responsibility of the applicant to ensure that the activities claimed meet these requirements.

PDCs must be earned in the 5-year period prior to the application for recertification or carried forward from the previous 5-year period. Specifically, if more than 100 PDCs are earned in the 5-year period prior to the application for recertification, 20 of the excess PDCs may be carried forward to the next 5-year period.

Evidence of professional growth and participation must be described and documented on the following pages and submitted to the SDP. To ensure proper credit, all relevant information must be included on this form. The SDP reserves the right to ask for support for any information included herein, including the submission of referenced articles and evidence of successful completion of referenced courses.

Mail completed application, with all accompanying documentation and fee (\$50), to:

***SDP Recertification
8100-M4 Wyoming Blvd NE #228
Albuquerque, NM 87113***

For Office Use:

Date Payment Rec'd _____ Approved Number of PDCs _____ Reviewers' Initials ____/____

Check Number or VISA/MC/AMEX approval number _____

I. CONTINUING EDUCATION

(a) Attending or instructing at SDP-sponsored training/refreshers seminars.
(2 PDCs per contact hour)

Seminar Title: _____

Location: _____

Attendee or Instructor? _____ **Date:** _____ **Number of PDCs:** _____

Seminar Title: _____

Location: _____

Attendee or Instructor? _____ **Date:** _____ **Number of PDCs:** _____

Seminar Title: _____

Location: _____

Attendee or Instructor? _____ **Date:** _____ **Number of PDCs:** _____

Seminar Title: _____

Location: _____

Attendee or Instructor? _____ **Date:** _____ **Number of PDCs:** _____

Seminar Title: _____

Location: _____

Attendee or Instructor? _____ **Date:** _____ **Number of PDCs:** _____

Seminar Title: _____

Location: _____

Attendee or Instructor? _____ **Date:** _____ **Number of PDCs:** _____

Total PDCs _____

CDP RECERTIFICATION FORM

(b) Giving a presentation or serving as a panel member or workshop leader at an SDP meeting. (10 PDCs per presentation or panel/workshop)

Description: _____

Location: _____

Date: _____

Number of PDCs: _____

Description: _____

Location: _____

Date: _____

Number of PDCs: _____

Description: _____

Location: _____

Date: _____

Number of PDCs: _____

Description: _____

Location: _____

Date: _____

Number of PDCs: _____

Description: _____

Location: _____

Date: _____

Number of PDCs: _____

Total PDCs _____

CDP RECERTIFICATION FORM

(c) Attending or instructing at college or university sponsored courses or other qualifying seminars, tutorials, short courses, correspondence courses, conferences, or other courses. Please describe each course.

(1 PDC per contact hour; maximum 10 PDCs per entry and 60 PDCs for this section)

Program Title: _____

Description: _____

Society: _____ **Date:** _____ **Number of PDCs:** _____

Program Title: _____

Description: _____

Society: _____ **Date:** _____ **Number of PDCs:** _____

Total PDCs _____

(d) Continued activity in the depreciation profession. (3 PDCs per year)

Year: _____ **Number of PDCs:** _____

Year: _____ **Number of PDCs:** _____

Year: _____ **Number of PDCs:** _____

Year: _____ **Number of PDCs:** _____

Year: _____ **Number of PDCs:** _____

Total PDCs _____

CDP RECERTIFICATION FORM

(e) Giving a presentation or serving as a panel member or workshop leader at a peer society meeting. (5 PDCs per presentation or workshop)

Title of presentation/workshop: _____

Description: _____

Society: _____ **Date:** _____ **Number of PDCs:** _____

Title of presentation/workshop: _____

Description: _____

Society: _____ **Date:** _____ **Number of PDCs:** _____

Total PDCs _____

(f) Publishing an article in the SDP Journal. (25 PDCs per article)

Title of Article: _____

Date of Journal: _____ **Number of PDCs:** _____

Title of Article: _____

Date of Journal: _____ **Number of PDCs:** _____

Title of Article: _____

Date of Journal: _____ **Number of PDCs:** _____

Title of Article: _____

Date of Journal: _____ **Number of PDCs:** _____

Total PDCs _____

CDP RECERTIFICATION FORM

(g) Publishing an article on depreciation in a trade journal, book, magazine or newspaper. (15 PDCs per article)

Title of Article: _____

Name of Journal: _____

Date of Journal: _____ **Number of PDCs:** _____

Title of Article: _____

Name of Journal: _____

Date of Journal: _____ **Number of PDCs:** _____

Title of Article: _____

Name of Journal: _____

Date of Journal: _____ **Number of PDCs:** _____

Total PDCs _____

(h) Publishing an editorial, letter to the editor, critique of article on depreciation, book review, or similar literary contribution to a professional journal. (10 PDCs per contribution)

Publication: _____

Title of Article: _____

Description: _____

Date of Publication: _____ **Number of PDCs:** _____

Publication: _____

Title of Article: _____

Description: _____

Date of Publication: _____ **Number of PDCs:** _____

Total PDCs _____

CDP RECERTIFICATION FORM

**(i) Testifying (5 PDCs per appearance) and additional education accomplishments
(subject to the review and judgment of the SDP Certification Committee.)**

Description: _____

Date: _____

Number of PDCs Requested: _____

Description: _____

Date: _____

Number of PDCs Requested: _____

Description: _____

Date: _____

Number of PDCs Requested: _____

Description: _____

Date: _____

Number of PDCs Requested: _____

Description: _____

Date: _____

Number of PDCs Requested: _____

Total PDCs _____

II. SDP PARTICIPATION

(a) Attendance at SDP Annual Meeting by SDP Member. (15 PDCs per meeting)

Location: _____ **Date:** _____ **Number of PDCs:** _____

Location: _____ **Date:** _____ **Number of PDCs:** _____

Location: _____ **Date:** _____ **Number of PDCs:** _____

Location: _____ **Date:** _____ **Number of PDCs:** _____

Location: _____ **Date:** _____ **Number of PDCs:** _____

Total PDCs _____

(b) Serving as an SDP Officer. (15 PDCs per year)

Office Held: _____ **Year:** _____ **Number of PDCs:** _____

Office Held: _____ **Year:** _____ **Number of PDCs:** _____

Office Held: _____ **Year:** _____ **Number of PDCs:** _____

Office Held: _____ **Year:** _____ **Number of PDCs:** _____

Office Held: _____ **Year:** _____ **Number of PDCs:** _____

Total PDCs _____

CDP RECERTIFICATION FORM

(c) Serving as an SDP Committee Chairperson. (15 PDCs per year per committee)

Committee: _____ Year: _____ Number of PDCs: _____

Committee: _____ Year: _____ Number of PDCs: _____

Committee: _____ Year: _____ Number of PDCs: _____

Committee: _____ Year: _____ Number of PDCs: _____

Committee: _____ Year: _____ Number of PDCs: _____

Total PDCs _____

**(d) Serving as an Active Member of an SDP Committee.
(10 PDCs per year per committee)**

Committee: _____ Year: _____ Number of PDCs: _____

Committee: _____ Year: _____ Number of PDCs: _____

Committee: _____ Year: _____ Number of PDCs: _____

Committee: _____ Year: _____ Number of PDCs: _____

Total PDCs _____

III. CDP Examination

An SDP member may earn 85 PDCs by passing the CDP Examination.

Exam Date: _____ Location: _____ Examination Score: _____

Total PDCs _____

PDC SUMMARY

Section I. Continuing Education

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____
- (f) _____
- (g) _____
- (h) _____
- (i) _____

Section II. SDP Participation

- (a) _____
- (b) _____
- (c) _____
- (d) _____

Section III. CDP Examination

Total PDCs _____

Required Affirmation Statement

I hereby affirm and certify that the information submitted and included with this form is truthful and realize that if any information provided herewith is found to be materially in error, my CDP designation will be revoked. I agree to provide support for any information included herein, including copies of referenced articles and available evidence of courses taken.

Name (please print) _____

Signature _____ Date _____

Mail completed application, with all accompanying documentation and fee (\$50), to:

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