

**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: LMMEFORMS@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 checked="" type="checkbox"/> SLS | <input type="checkbox"/> Other |

Date(s) of Training: 14 - 15 November 2009

Wing: Illinois Location: Scott AFB

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.	Basrawi, Ahmad	447289	IL-075	<i>[Signature]</i>
2.	Benjamin, Ajit	458506	IL-067	<i>[Signature]</i>
3.	Creger, Heather	433139	NCR-MO-084	<i>[Signature]</i>
4.	Damron, Harold	448013	IL-329	<i>[Signature]</i>
5.	Kolis, Joe	120818	IL-036	<i>[Signature]</i>
6.	Latham, Scott	457144	IL-008	<i>[Signature]</i>
7.	Malench, Stephanie	457922	IL-122	<i>[Signature]</i>
8.	Mendez, Andy	450173	IL-067	<i>[Signature]</i>
9.	Minor, Ryan	430272	IL-067	<i>[Signature]</i>
10.	Montgomery, Leonard	286870	SWR-AR-001	<i>[Signature]</i>

[Signature]
DIRECTOR'S SIGNATURE

[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.

	NAME	CAPID	CHARTER	SIGNATURE
11	Ramsey, Jeffrey	453500	IL-338	<i>Jeff Ramsey</i>
12	Raney, Kent	452237	IL-205	<i>Kent Raney</i>
13	Salzman, Kevin	223419	NCR-MO-005	<i>KS</i>
14	Hoffeditz, Travis	467373	IL-205	<i>Travis Hoffeditz</i>
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