

**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/ETP  
105 South Hansell Street, Building 714  
Maxwell AFB AL 36112-6332  
Phone: 334-953-5798  
Fax: 334-953-4262

Check the course that applies. NHQ CAP/ETP will only credit students with the course(s) checked on this form.

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> Orientation Course and Cadet Protection | <input type="checkbox"/> CLC   |
| <input type="checkbox"/> Orientation Course Only                 | <input type="checkbox"/> RSC   |
| <input type="checkbox"/> Cadet Protection Only                   | <input type="checkbox"/> NSC   |
| <input type="checkbox"/> SLS                                     | <input type="checkbox"/> Other |

Date(s) of Training: \_\_\_\_\_

Wing: \_\_\_\_\_ Location: \_\_\_\_\_

PLEASE TYPE/PRINT CLEARLY. CAPID NUMBER AND MEMBER'S SIGNATURE ARE ESSENTIAL IN ORDER FOR NHQ CAP/ETP TO ENSURE MEMBERS RECEIVE PROPER CREDIT FOR THE COURSE.

	NAME	CAPID	CHARTER NO.	SIGNATURE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

\_\_\_\_\_  
DIRECTOR'S 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 NO.	SIGNATURE
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				
35.				
36.				
37.				
38.				
39.				
40.				