

Professional Development Section Example

Conference Workshops

Professional Development

Course Title * <Name of Conference - Name of Workshop>	Contact Hours * 4
Course Start Date * 2017-02-01	Course End Date * 2017-02-01
Brief Description * Description of workshop	Course Type * Business Analysis Planning & Monitoring Elicitation and Collaboration Requirements Life Cycle Management Strategy Analysis Requirements Analysis and Design Definition Solution Evaluation
Is this an EEP endorsed course? * <input type="radio"/> Yes <input checked="" type="radio"/> No	

Non-EEP endorsed course

Institution Name * Conference Name	Institution URL www.conferencewebsite.org
Institution Phone 9051234567	Contact Name * <Name of Presenter>
Contact Title * Presenter's Title or Presenter	Contact E-mail * presenterorconferenceemail@conference.org
Contact Country * Canada	Contact Phone Number 9051234567

Please note: For the course type field, select the descriptors that best describe the content.