



Board of Registration for Architects, Engineers and Land Surveyors

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: AELSBoard@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfArchitectsEngineersAndLandSurveyors

Continuing Education Structured Report

Licensees must complete continuing education (CE). Proof of obtaining the required CE is required for each activity. For CE activities that do not have a method to show how the participant obtained the CE (e.g. a certificate of completion or a transcript), a Board-approved CE Structured Report may be completed by a licensee to show they obtained the CE for (e.g. publishing, teaching, presenting, active participation in professional and technical societies, in-house programs, patents, outreach activities, and structured self-study) The CE Structured Report must be maintained by the licensee as required by AAC 36.500.*

| | | | |
|-------------------------|--|------------------------|-----------|
| Full Legal Name: | Rachel Adams | License Number: | 852693 |
| Select One: | <input type="checkbox"/> Teaching/Presenting <input type="checkbox"/> Publishing <input type="checkbox"/> Self-Study (Structured) <input type="checkbox"/> Society Participation* <input type="checkbox"/> Patents* <input type="checkbox"/> Outreach Activities <input checked="" type="checkbox"/> In-House Programs* | | |
| Location: | Juneau, AK | Date: | 1/15/2023 |
| Activity Title: | 3D laser scanner | Hours: | 1 |

*Additional documentation may be requested if selected for audit.

1. Description of content:

Technical laser scanning training session for 3D-design aid

2. How did this increase or update knowledge of technical and professional subjects related to the scope of practice of the licensee?

Learned how to properly set up and operate a 3D laser scanner to collect the necessary data and information to show the existing conditions of a utility. The objective is to use this data to properly design civil and mechanical connections to existing pipes.

3. Sponsor/Publisher/Provider name and contact information, as applicable:

Scanners R us

Signature

I attest that the above is a true and accurate accounting of the continuing education activity I have completed.

| | | | |
|----------------------------|--|---------------------|--|
| Licensee Signature: | | Date Signed: | |
|----------------------------|--|---------------------|--|



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ALASKA Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

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| | | | |
|-------------------------|--|------------------------|----------|
| Full Legal Name: | Joel Whitlow | License Number: | 824356 |
| Select One: | <input type="checkbox"/> Teaching/Presenting <input type="checkbox"/> Publishing <input type="checkbox"/> Self-Study (Structured) <input type="checkbox"/> Society Participation* <input type="checkbox"/> Patents* <input checked="" type="checkbox"/> Outreach Activities <input type="checkbox"/> In-House Programs* | | |
| Location: | Anchorage, AK | Date: | 4/5/2022 |
| Activity Title: | ASCE outreach activity | Hours: | 1 |

*Additional documentation may be requested if selected for audit.

1. Description of content:

Local outreach to Kincaid Elementary

2. How did this increase or update knowledge of technical and professional subjects related to the scope of practice of the licensee?

Learned the value of communicating with students and how they arrive at the school and how safety of ingress/egress of the site is challenging at their school

3. Sponsor/Publisher/Provider name and contact information, as applicable:

Anchorage School District

Signature

I attest that the above is a true and accurate accounting of the continuing education activity I have completed.

Licensee Signature:

Date Signed:



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| | | | |
|-------------------------|--|------------------------|-----------|
| Full Legal Name: | Eldon Bloomington | License Number: | 856749 |
| Select One: | <input type="checkbox"/> Teaching/Presenting <input checked="" type="checkbox"/> Publishing <input type="checkbox"/> Self-Study (Structured) <input type="checkbox"/> Society Participation* <input type="checkbox"/> Patents* <input type="checkbox"/> Outreach Activities <input type="checkbox"/> In-House Programs* | | |
| Location: | Fairbanks, AK | Date: | 7/24/2023 |
| Activity Title: | Published article on Linked-in | Hours: | 5 |

*Additional documentation may be requested if selected for audit.

1. Description of content:

Published an article detailing the surveying profession

2. How did this increase or update knowledge of technical and professional subjects related to the scope of practice of the licensee?

Researching the current trends in surveying and the requirements to attend college and the necessary steps to gain licensure.

3. Sponsor/Publisher/Provider name and contact information, as applicable:

Linked-in

Signature

I attest that the above is a true and accurate accounting of the continuing education activity I have completed.

| | | | |
|----------------------------|--|---------------------|--|
| Licensee Signature: | | Date Signed: | |
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| | | | |
|-------------------------|--|------------------------|----------|
| Full Legal Name: | Pam Stalworth | License Number: | 222222 |
| Select One: | <input checked="" type="checkbox"/> Teaching/Presenting <input type="checkbox"/> Publishing <input type="checkbox"/> Self-Study (Structured) <input type="checkbox"/> Society Participation* <input type="checkbox"/> Patents* <input type="checkbox"/> Outreach Activities <input type="checkbox"/> In-House Programs* | | |
| Location: | Kenai, AK | Date: | 12/13/22 |
| Activity Title: | Site Design in the Arctic | Hours: | 2 |

*Additional documentation may be requested if selected for audit.

1. Description of content:

Site design for a 40,000 s.f. building and how local land use codes affect the buildable area of a parcel

2. How did this increase or update knowledge of technical and professional subjects related to the scope of practice of the licensee?

Learned about how parking requirements affect the total buildable area of a parcel and can actually reduce the allowable s.f. of a building on a parcel.

3. Sponsor/Publisher/Provider name and contact information, as applicable:

Mountain Designs

Signature

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Licensee Signature:

Date Signed:



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| | | | |
|-------------------------|--|------------------------|----------|
| Full Legal Name: | Joe Helmsworth | License Number: | 004618 |
| Select One: | <input type="checkbox"/> Teaching/Presenting <input type="checkbox"/> Publishing <input checked="" type="checkbox"/> Self-Study (Structured) | | |
| | <input type="checkbox"/> Society Participation* <input type="checkbox"/> Patents* <input type="checkbox"/> Outreach Activities <input type="checkbox"/> In-House Programs* | | |
| Location: | Anchorage AK | Date: | 03/24/24 |
| Activity Title: | Researched new technology for pumps | Hours: | 1 |

**Additional documentation required for this category if selected for audit.*

1. Description of content:

Reviewed current trends in pump design for remote water systems.

2. How did this increase or update knowledge of technical and professional subjects related to the scope of practice of the licensee?

Learned how pump selection for rural Alaska service impacts maintenance, operating costs and system down time.

3. Sponsor/Publisher/Provider name and contact information, as applicable:

National Association of Pumps, Hoses and Gaskets publication

Signature

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| | | | |
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| Licensee Signature: | | Date Signed: | |
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