



PEI Institute of Agrologists
 P.O. Box 2712
 Charlottetown, PE
 C1A 8C3
 Tel: (902) 892 1943

Annual AIT Professional Development Log

Name: _____ **Address:** _____

Employer: _____

Date	Session	Location	Verification (P.Ag Initials)
1.			
2.			
3.			
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Period Covered: _____

AIT Signature: _____ **Date:** _____

AIT Committee Signature: _____ **Date:** _____