

# Participant Information Form

**INSTRUCTIONS:**

- (1) Please print legibly.
- (2) Submit completed form to instructor. **BE SURE COURSE KEY IS COMPLETED.**

Sponsor: \_\_\_\_\_

Program Title: \_\_\_\_\_ Date: \_\_\_\_\_

(Area Code) Home/Cell Phone Number (Student Identification Number): \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job Title: \_\_\_\_\_

**1.0 CEU equals 10 contact hours  
(10 CONTACT HOURS = 1.0 PDH UNIT)**

Course Key Number: \_\_\_\_\_

The above information, along with the course information from the educational activity in which you are now enrolled, will become part of your PDH permanent record at WVU. For more information or a copy of your PDH transcript, write: WVU Continuing & Professional Education, P.O. Box 6800, Morgantown, WV, 26506.

WVU Continuing & Professional Education  
P.O. Box 6800  
Morgantown, WV 26506-6800

(304) 293-7570