

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 CE 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 CEU permanent record at WVU. For more information or a copy of your CEU 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) 293-2834