

PROFESSIONAL DEVELOPMENT HOURS

Instructor:

Enter below your current course key identification number:

Enter below the total number of participant information forms submitted (actively enrolled):

The following PDH value has been assigned for this educational activity:

Starting Date: _____

Ending Date: _____

Course Title: _____

Note – Enter TOTAL enrollment (head count) for this PDH activity (should include persons not submitting completed participant information forms).

Instructor of Record or University Coordinator Name: _____

Mailing Address: _____

Telephone Number: _____ Date: _____

WVU Continuing Professional Education
PO Box 6800
Morgantown, WV 26506