

**Participant Information Form**  
**Professional Development Hours**

WVU Extended Learning  
950 W. Everly Street  
P.O. Box 6800  
Morgantown, WV 26506-6800  
(304) 293-7570

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 PDH 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 Extended Learning, P.O. Box 6800, Morgantown, WV, 26506.