

Act 48 Participant Data Form

Last Name: _____ First Name: _____ MI: _____

Home Phone No: _____ Work Phone No: _____

7 Digit Personnel ID: _____

Note: Obtain 7 digit ID# at www.pde.state.pa.us and click on Act 48 reporting system

Street Address: _____

City, State and Zip Code: _____

Email Address: _____

Employer: _____

Street Address: _____

City, State and Zip Code: _____

Employment Status: Full Time Part-Time Substitute

Act 48: Yes No

Title of Approved Course/Activity: _____

Name of Instructor/Presenter: _____

Course No. _____

Dates of Course/Activity: Started: _____ Ended: _____

Credit(s) Awarded: _____ Hours Awarded: _____

Notes:

- Return this form to the MIU IV Continuing Education Department at 453 Maple Street Grove City, PA 16127.
- PDE will be notified.
- You will receive a certifying letter for your personnel file.
- One credit hour is equal to 30 activity hours.

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I further certify that this Participant Data form was completed by me.

Signature

Date