

CPE Course/Workshop Registration Form for Non-CPETracker Participants

I am NOT requesting Act 48 hours (Must complete sections 1 & 2 ONLY)

I am requesting Act 48 hours for attendance at course/workshop (Must complete sections 1, 2, and 3)

Additional \$20.00 fee applies to individuals requesting Act 48 hours but do not have a CPETracker account

SECTION 1: Course/Workshop Information

Course/Workshop Name	Dates	Fee (payment enclosed)
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SECTION 2: Registrant Information

Full Name	E-mail Address (must include)	
Street Address	City/State	Zip Code
Employer	Building	Grade Level/Position
Home Phone Number (including area code)	School Phone Number (including area code)	

SECTION 3: Certificate Information

*Professional Personal ID Number

**To locate your Professional Personal ID, log onto: https://www.epdeportal.ed.state.pa.us/WEBPortal_Intro.asp*

<input type="checkbox"/>	LO	Bachelors Degree with no teaching certificate
<input type="checkbox"/>	L1	Provisional College Certificate, Instructional I Certificate, Educational Specialist I Certificate, Vocational Instructional Certificate
<input type="checkbox"/>	L2	Permanent College Certificate, Instructional II Certificate, Educational Specialist II Certificate, Vocational Instructional II Certificate

*Continuing Education Start Date

**To locate your Continuing Education Start Date log onto <https://www.perms.ed.state.pa.us/Screens/wfPublicAccess.aspx> and enter your Professional Personal ID*

For Office Use Only

<input type="checkbox"/>	Payment for \$_____ received		
<input type="checkbox"/>	Enrolled in course	<input type="checkbox"/>	Not enrolled in course, reason _____