Georgia Department of Public Health

Continuing Education Participant Registry Form

Note: Please provide complete information. To ensure CEU credit hours are awarded correctly, please submit as soon as possible upon completion of the completed training class.

Location where program is being presented: _____

To obtain continuing education hours (CEU) for this program your name must appear on this sheet.
Please print your name and the last 4 Digits of your Social Security Number.

Name (print please)	SSN# Last 4 Digits	Representing (county only)	Email Address

State Use Only:
Session approved by: _____ Approved for _____ hours.

Approval Date: _____