**PARTICIPANT SIGN-IN SHEET**

|  |  |
| --- | --- |
| **Name of Approved Provider** | Lehigh University |
| **Name of Program/Non-credit Course** |  |
| **PDE-generated Credit Course Number**  **(if applicable)** |  |
| **Start Date - End Date of Program/**  **Non-credit Course** |  |

**Please print legibly. NOTE: If no PPID is provided, we cannot complete the end-of course upload for you.**

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| **Last Name** | **First Name** | **Role (“X”)** | | | **Professional Personnel ID (PPID) # (7 digits)** | **Actual Number of Hours of Participation** | **Which certificate does this training apply to?** |  |
| **Teacher** | **Education Specialist** | **School Leader** | **Email Address** |
| **#1** |  |  |  |  |  |  |  |  |
| **#2** |  |  |  |  |  |  |  |  |
| **#3** |  |  |  |  |  |  |  |  |
| **#4** |  |  |  |  |  |  |  |  |
| **#5** |  |  |  |  |  |  |  |  |
| **#6** |  |  |  |  |  |  |  |  |
| **#7** |  |  |  |  |  |  |  |  |
| **#8** |  |  |  |  |  |  |  |  |
| **#9** |  |  |  |  |  |  |  |  |
| **#10** |  |  |  |  |  |  |  |  |

**PARTICIPANT ROSTER (CONTINUED)**

**Please print legibly. NOTE: If no PPID is provided, we cannot complete the end-of course upload for you.**

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| **Last Name** | **First Name** | **Role (“X”)** | | | **Professional Personnel ID (PPID) Number**  **(7 digits)** | **Actual Number of Hours of Participation** | **Which certificate does this training apply to?** |  |
| **Teacher** | **Education Specialist** | **School Leader** | **Email Address** |
| **#11** |  |  |  |  |  |  |  |  |
| **#12** |  |  |  |  |  |  |  |  |
| **#13** |  |  |  |  |  |  |  |  |
| **#14** |  |  |  |  |  |  |  |  |
| **#15** |  |  |  |  |  |  |  |  |
| **#16** |  |  |  |  |  |  |  |  |
| **#17** |  |  |  |  |  |  |  |  |
| **#18** |  |  |  |  |  |  |  |  |
| **#19** |  |  |  |  |  |  |  |  |
| **#20** |  |  |  |  |  |  |  |  |
| **#21** |  |  |  |  |  |  |  |  |
| **#22** |  |  |  |  |  |  |  |  |

**PARTICIPANT ROSTER (CONTINUED)**

**Please print legibly. NOTE: If no PPID is provided, we cannot complete the end-of course upload for you.**

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| **Last Name** | **First Name** | **Role (“X”)** | | | **Professional Personnel ID (PPID) Number**  **(7 digits)** | **Actual Number of Hours of Participation** | **Which certificate does this training apply to?** |  |
| **Teacher** | **Education Specialist** | **School Leader** | **Email Address** |
| **#23** |  |  |  |  |  |  |  |  |
| **#24** |  |  |  |  |  |  |  |  |
| **#25** |  |  |  |  |  |  |  |  |
| **#26** |  |  |  |  |  |  |  |  |
| **#27** |  |  |  |  |  |  |  |  |
| **#28** |  |  |  |  |  |  |  |  |
| **#29** |  |  |  |  |  |  |  |  |
| **#30** |  |  |  |  |  |  |  |  |
| **#31** |  |  |  |  |  |  |  |  |
| **#32** |  |  |  |  |  |  |  |  |
| **#33** |  |  |  |  |  |  |  |  |
| **#34** |  |  |  |  |  |  |  |  |
| **#35** |  |  |  |  |  |  |  |  |