

## PA DCNR Educator Sign-in Sheet for Act 48 Hours

Workshop Title: \_\_\_\_\_

Host Park: \_\_\_\_\_

Location of Workshop: \_\_\_\_\_

Name of lead Facilitator: \_\_\_\_\_

Date (Day 1): \_\_\_\_\_

Time (Day 1): \_\_\_\_\_

Act 48 hours (Day 1): \_\_\_\_\_

(Day 2): \_\_\_\_\_

(Day 2): \_\_\_\_\_

(Day 2): \_\_\_\_\_

Professional Personnel ID	Last Name	First Name	Middle Initial	Email	Email Personal (optional)
Street Address				City, State, Zip	

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Reminder! PPID#’s are seven digits long.