

USF Health
Office of Continuing Professional Development

Program Name _____ **Program #** _____

Participant Information Form

The USF Office of Continuing Professional Development provides various continuing education credits to numerous disciplines through approved continuing educational activities. The Office of Continuing Professional Development is responsible for maintaining its multiple accreditations through the appropriate credentialing agencies, and to uphold USF Office of Professional Development policies for continuing educational activities.

To participate in and receive continuing education credits for approved activities, please complete the following information to assist the Office of Continuing Professional Development in providing quick responses and more accurate service.

Please **PRINT LEGIBLY OR TYPE**

First name, Middle initial, Last name		Degree(s):
Job Title:	License #:	
Address:		
City:	State:	Zip:
Phone #:	Fax #:	
E-mail: <i>(Required! Use this email to claim your transcript)</i>		

Credit Requesting: Physician Pharmacy Nursing Other: _____

Affiliation: USF Moffitt TGH ACH VA Other _____

Academic Position: Professor Assoc. Professor Asst. Professor Instructor
 Private Practice Fellow/Resident

Department: _____ **Specialty:** _____ **Sub-specialty:** _____

Signature: _____ **Date:** _____