



PDU REPORTING FORM
INDIVIDUAL CERTIFICATION PROGRAM

Applicant Information:

Name: _____ Title: _____
Organization Name: _____
Address: _____
Phone: _____ Email: _____

Training Provider Information:

Organization Name / Contact: _____
Address: _____
Phone: _____ Email: _____

Training Event Information:

Title: _____ Dates: _____
Location & Delivery Method (i.e., live, webinar, etc.): _____
Professional Development Units (PDUs) Reported for this Training*: _____

*One hour of actual instruction (excluding meals, breaks, etc.) is equivalent to one PDU.

Upon completion of this form, please submit using the process outlined at www.peda.org/EDCertifiedProfessional.

- By checking this box and signing and dating this form, I confirm the information relayed in this report is true and correct to the best of my knowledge and that:
- I participated in the training for which PDUs are being reported.
 - The content of this training is pertinent to my responsibilities as an economic development professional.
 - This submission complies with all aspects of the certification process as addressed at www.peda.org.

Signature _____ Date _____

This form is intended for the sole use of members of PEDA's individual certification program.