

Pennsylvania Early Learning



Registration Form For ECELS Self-Learning Modules (SLM)

ECELS/Healthy Child Care PA
Rose Tree Corporate Center II

1400 N. Providence Road, Suite 3007, Media, PA 19063
800/243-2357 (PA only), 484/446-3003, 484/446-3255 (fax)

E-mail: ecels@paaap.org Website: www.ecels-healthychildcarepa.org

INSTRUCTIONS: Please complete this registration form. Return it with all required SLM documents and a co-payment of \$10 per person to ECELS at the address above. Pay by check only. Make the check payable to: PA Chapter, American Academy of Pediatrics. Please copy this form and complete for each staff member requesting credit. **Failure to complete all information and provide the payment as requested will delay the ECELS review of each module.** ECELS will issue credit when the ECELS reviewer finds that a module has been successfully completed. To maintain an accurate professional development record, be consistent when providing registration information on this form. Requests for Act 48 credit must be sent to ECELS at the time the module is submitted for review.

Participant Information:

Name _____
(Full or Legal) First Name Middle Initial Last Name

Email

Home Address _____
Street Address

Phone: Home (_____) _____

City _____ State _____ Zip Code _____

Work (_____) _____

Early Learning Facility Name _____

Address _____

City _____ State _____ Zip _____

County _____

Director's Name _____

Facility's E-mail _____
(Required for certificate notification.)

Last 5 digits of Social Security # (Required)

X X X - X -

Birth Date (Required)

____/____/____

This Self-Learning Module was accessed online Yes No (please circle)

Self-Learning Module Title _____

ECELS Reviewer