



COVER SHEET FOR COMPLETED COURSES

PERSONAL INFORMATION

Name _____

Date _____

Address _____

City _____ State _____ Zip _____

Country _____ Email Address _____

Phone _____

For WLI Courses:

WLI Course Number and
Name _____

—

Online Course? _____ Attended or Webcast? _____

CD/DVD Course? _____

For Outside (non-WLI) Courses:

Course or Conference

Name _____

—

Instructor or Sponsor

Date of the Course _____

Attended or Webcast? _____ CD/DVD Course? _____

Teaching Hours : _____ Registration Fee Paid: _____

RETURN THIS FORM with Self-Evaluation Paper TO:

WLI-Heartland

PO Box 503

Salem MO 65560

E-mail: admin@wliheartland.com