



Short Term Trainee Registration

Registration Date ____/____/____

Name _____ WVU ID# _____

Discipline _____

Contact Hours _____ Total Hours Short Term (1-39 Hrs)

Race _____

Gender _____

Supervisor: _____

Informed Consent and Confidentiality: I understand that the information disclosed on this form might be used to compile national statistics on training programs such as ours and that it will not be used for any other purpose without my explicit consent. I also understand that it is incumbent upon all trainees at CED to keep all client information, both written and verbal, in strict confidence during their tenure at CED and thereafter.

Signature: _____ Date: _____