



U.S. Department of Transportation  
Federal Highway Administration

## Participant Registration Form

### Participant Information

*Last Name*

*First Name*

*Middle Initial*

### Employment Information

*Employer Name*

*Employee Title*

*Employer Address*

*Number*

*Street Name or P.O. Box Number*

*City or Town*

*State*

*Zip Code*

*Work Phone*

*Work Fax*

*Work e-mail Address – REQUIRED*

*Employment Type (Select ALL that apply.)*

- |                                                   |                                                           |                                         |
|---------------------------------------------------|-----------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> FHWA                     | <input type="checkbox"/> Advocacy Group                   | <input type="checkbox"/> Academia       |
| <input type="checkbox"/> Other Federal Government | <input type="checkbox"/> Environmental Agency             | <input type="checkbox"/> Private Sector |
| <input type="checkbox"/> State Government         | <input type="checkbox"/> Metropolitan Planning Org. (MPO) | <input type="checkbox"/> International  |
| <input type="checkbox"/> Local Government         |                                                           |                                         |
| <input type="checkbox"/> Other (please specify)   | <input type="text"/>                                      |                                         |

### To be completed by instructor(s)

Assessment Score (%)

100% Attendance:  Yes  
 No

Pass  
 Fail  
 Did Not Test

NOTE: Pass/fail based on achieved score of **at least 70%** on assessment **and** 100% attendance.

Please continue on the back of this form.

## Course Information

Course Number

Course Title

Session ID

Session Start Date (MM-DD-YYYY)

Session City

Session State

## Course Demographics

For each of the following questions, please select all that apply.

### Reason(s) for Selecting NHI

- |                                                       |                                                          |
|-------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Low cost                     | <input type="checkbox"/> Instructor teaching course      |
| <input type="checkbox"/> Course not offered elsewhere | <input type="checkbox"/> Required by Department or other |
| <input type="checkbox"/> NHI quality reputation       | <input type="checkbox"/> Other (please specify)          |

### Reason(s) for Taking Course

- |                                                             |                                                                     |
|-------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Required by Department             | <input type="checkbox"/> Build skills to improve my job performance |
| <input type="checkbox"/> Required by profession (i.e., CEU) | <input type="checkbox"/> Learn about new technology                 |
| <input type="checkbox"/> Required by State laws             | <input type="checkbox"/> Learn for new organizational initiative    |
| <input type="checkbox"/> Required by Federal laws           | <input type="checkbox"/> Other (please specify)                     |

### From which source(s) did you hear about this course?

- |                                       |                                             |
|---------------------------------------|---------------------------------------------|
| <input type="checkbox"/> NHI Catalog  | <input type="checkbox"/> NHI Flyer          |
| <input type="checkbox"/> FHWA         | <input type="checkbox"/> Conference/Exhibit |
| <input type="checkbox"/> NHI Web site | <input type="checkbox"/> Other              |
| <input type="checkbox"/> State DOT    |                                             |

## Privacy Act Statement

The Privacy Act of 1974 (Public Law 93579) requires that requests for personal information be accompanied by a statement setting forth: (1) the authority for requesting the information; (2) the principles or purposes of the information to be collected; (3) the routine use of the information and (4) the effects, if any, of not disclosing the requested information. The Federal Highway Administration response to these requirements follows:

1. Authority: 23 U.S.C. 307(a), and 403; and 49 CFR 1.48.
2. Purpose: To obtain information for maintaining participant records for Continuing Education Units (CEUs).
3. Use: Applications will be entered in the NHI Learning Management System.
4. Effects of Nondisclosure: Failure to respond to all items on the front of this form will result in nonparticipation in the Learning Management System; no CEUs will be awarded.