

PROGRAM ATTENDANCE SHEET

ALABAMA DEPARTMENT OF PUBLIC HEALTH
Bureau of Professional & Support Services

ABN Provider Number: ABNP0387
ASNA Activity No: 5-91.323

Program Name: Abnormal Pap Smears: Management & Counseling
Date: February 14, 2007
Location: RSA Tower, Montgomery, AL
Site Facilitator: Annie Vosel
Agency: Bureau of Family Health Services
Street Address: 201 Monroe Street
City, State, Zip: Montgomery, AL 36104

PARTICIPANT'S NAME as it appears on Professional License (Please PRINT clearly)	LICENSE NUMBER	AGENCY or County Health Department	DISCIPLINE (RN, SW, NUTR, Etc., NOT Job Title)

Site Facilitator: Please send completed sign-in sheets and evaluation forms to Thresa Dix, MSN, RN, Bureau of Professional and Support Services, Suite 1040, Alabama Department of Public Health, PO Box 303017, Montgomery, AL 36130-3017.

Nursing attendance must be uploaded to the Alabama Board of Nursing BEFORE this form is submitted. Date uploaded _____