

**Alabama Department of Public Health
Bureau of Professional and Support Services**

Satellite or Webcast Program Attendance Sheet

Syphilis Management for Clinicians

ASNA Activity Number: 5-91.15-01

Original Broadcast: 1/7/2015

Continuing Education for this Program not Available After: 1/31/2016

THIS SECTION MUST BE COMPLETED FOR CREDIT TO BE AWARDED		Date Viewed: _____
Location (<u>city and state</u> where program was viewed): _____		Agency (<u>no abbreviations</u>): _____
Viewing Method (circle one): Day of Program or On-Demand Webcast		Site Facilitator: _____

Name of Participant (<u>PRINT</u> clearly)	Discipline (RN, SW, RD, etc.)	License Number	Address (for mailing certificate)

ADPH Site Facilitator: Send completed Program Attendance Sheets and Evaluation Summary to: Bureau of Professional and Support Services, Suite 1040, Alabama Department of Public Health, PO Box 303017, Montgomery, AL 36130-3017. **DO NOT FAX.**

Retired ADPH Participants: FAXES NOT ACCEPTED. Send completed sign-in sheet and evaluation to above address. Allow four weeks for CE Certificate to be mailed. Include retirement date and former base.

Non-ADPH and Out-of-State Participants: FAXES NOT ACCEPTED. Send completed sign-in sheet and evaluation to above address. Allow four weeks for CE Certificate to be mailed. Enclose a check for \$17.50 for each person who wants nursing or social work CE credit. Check should be made out to the Alabama Public Health Association. Charge for replacement certificates is \$5.50.