

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

Satellite or Webcast Program Attendance Sheet

ADPH Meets the Needs of the Limited English Proficiency (LEP) Client

ASNA Activity No: 5-91.831

Continuing Education for this Program not Available After: 01/31/2015

THIS SECTION MUST BE COMPLETED FOR CNE TO BE AWARDED	
Date Viewed: _____	Location (city and state where program was viewed): _____
Viewing Method (circle one): Day of Program or On-Demand Webcast	Site Facilitator: _____

PARTICIPANT'S NAME as it appears on the Professional License (please PRINT clearly)	DISCIPLINE (RN, SW, RD, etc., NOT Job Title)	LICENSE NUMBER	AGENCY <i>NO ABBREVIATIONS</i>	ADDRESS

<p>ADPH Site Facilitator: Send completed <u>Program Attendance Sheets</u> and <u>Evaluation Summary</u> to: Bureau of Professional and Support Services, Suite 1040, Alabama Department of Public Health, PO Box 303017, Montgomery, AL 36130-3017. DO NOT FAX.</p> <p>Non-ADPH Alabama Participants: FAXES NOT ACCEPTED. Send completed sign-in sheet and evaluation to above address.</p> <p>Out-of-State Participants: FAXES NOT ACCEPTED. Send completed sign-in sheet and evaluation to above address. Allow <u>four weeks</u> for CNE Certificate to be mailed.</p>
