

**PLEASE KEEP THIS SIGN-IN SHEET FOR YOUR RECORDS**

**DO NOT SEND THIS FORM TO THE BUREAU**

Local Site Coordinator: \_\_\_\_\_

Bureau of Home and Community Services  
Alabama Department of Public Health  
201 Monroe St., Ste. 1200  
Montgomery, Al. 36104

Agency Name: \_\_\_\_\_

Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

“Caring for Patients with Heart Disease”  
March 10, 2010  
Sign-In-Sheet

Date Viewed \_\_\_\_\_

(If you did not attend the live satellite)

Name (Please Print)	Class/ Title	Program/ Department	County/ Bureau Site Code	Signature
<i>John Doe</i>	<i>HHA/HA</i>	<i>HH/LC</i>	<i>616HH</i>	<i>John Doe</i>

If necessary, make copies of this form. ADPH agencies must fill out all columns. Taping of this program is prohibited