PLEASE KEEP THIS SIGN-IN SHEET FOR YOUR RECORDS

DO NOT *SEND THIS FORM TO THE BUREAU*

Local Site Coordinator:_____

Name:_____

Phone #:_____

Fax #:_____

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

Agency Name: _____

Agency Address:_____

_____

"IDENTIFYING ABUSE AND NEGLECT IN HOME CARE"
March 14, 2012
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
John Doe	*HHA/HA*	*HH/LC*	*616HH*	*John Doe*

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