

**Alabama Department of Public Health
Office of Emergency Medical Services**

Satellite or Webcast Program Attendance Sheet

EMS Pediatric Respiratory Emergencies

ASNA Activity No: 5-91.909

Continuing Education for this Program not Available After: 03/31/2016

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

Name of Participant (<u>PRINT</u> clearly)	License Level	License Number	Email Address (to receive certificate)

ADPH Site Facilitator: Send completed <u>Program Attendance Sheets</u> and <u>Evaluation Summary</u> to: Office of EMS, Suite 1100, Alabama Department of Public Health, PO Box 303017, Montgomery, AL 36130-3017. DO NOT FAX. Non-ADPH and Out-of-State Participants: FAXES NOT ACCEPTED. Send completed sign-in sheet and evaluation to above address.
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