

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

Satellite or Webcast Program Attendance Sheet

Healthy Relationship Training

Date of Original Broadcast: April 15, 2013

Continuing Education for this Program not Available after: April 30, 2015

THIS SECTION MUST BE COMPLETED FOR CEU TO BE AWARDED – Note: Be sure to complete all requested information

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 Social Work	LICENSE NUMBER	AGENCY NO ABBREVIATIONS	ADDRESS

ADPH Social Work Employees: Send **completed** Program Attendance Sheet and Evaluation to: Alabama Department of Public Health, Bureau of Professional and Support Services, Suite 1010, PO Box 303017, Montgomery, AL 36130-3017. **DO NOT FAX.**

Non-ADPH Alabama Participants: FAXES NOT ACCEPTED. Send completed sign-in sheet and evaluation to above address.

Out-of-State Participants: FAXES NOT ACCEPTED. Send completed sign-in-sheet and evaluation to the above address.

Return social work test if program was viewed as tape-delayed. Allow four weeks for CE Certificate to be mailed.