

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 Pediatric Patients”
May 11, 2011
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