

**Alabama Department of Public Health**

**Office of EMS**

**Satellite or Webcast Program Attendance**

***Suicide: What We Need to Know***

**Approval Code: 16-ALOEMS-003**

**THIS SECTION MUST BE COMPLETED FOR CME TO BE AWARDED**

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

Viewing Method (circle one): Day of Program or On-Demand Webcast

<b>PARTICIPANT'S NAME</b> as it appears on the license (please print clearly)	<b>LICENSE NUMBER</b>	<b>AGENCY</b>	<b>EMAIL ADDRESS</b> (please print clearly)

Send completed Program Attendance Sheet and Evaluation to: Office of EMS, Suite 1100, Alabama Department of Public Health, PO Box 303017, Montgomery, Alabama 36103-3017.