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

**Satellite or Webcast Program Attendance Sheet**

Addressing the Functional Needs of Survivors in Shelters
and Other Acute Response Settings

ASNA Activity No: 5-91.909

Continuing Education for this Program not Available After: 05/31/2016

**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** (PRINT clearly) | **License Level** | **License Number** | **Email Address** (to receive certificate) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**ADPH Site Facilitator:** Send completed Program Attendance Sheets and Evaluation Summary to: Office of EMS, Attn: Katherine Hert, 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.