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Alabama Department of Public Health
Bureau of Professional and Support Services
Program Attendance
Maternity Case Management Training

Date: _____

THIS SECTION MUST BE COMPLETED FOR CE TO BE AWARDED

Site Facilitator: Meredith Adams, LCSW, PIP Location (city and state where program was viewed): Montgomery, Alabama
Agency or County Health Dept (no abbreviations): ADPH-FHS

Date Viewed	Name of Participant (PRINT clearly)	Discipline (RN, SW, RD, etc.)	License Number	Address Home or Business

ADPH Site Facilitator: Send completed Program Attendance Sheets and Evaluation Summary to: Bureau of Professional and Support Services, Suite 1040, Alabama Department of Public Health, PO Box 303017, Montgomery, AL 36130-3017. **DO NOT FAX.**
Retired ADPH Participants: FAXES NOT ACCEPTED. Send completed sign-in sheet and evaluation to above address. Allow four weeks for CE Certificate to be mailed. You must include "retired ADPH employee" and the date of retirement.
Non-ADPH and Out-of-State Participants: FAXES NOT ACCEPTED. Send completed sign-in sheet and evaluation to above address. Allow four weeks for CE Certificate to be mailed. Enclose a check for \$17.50 for each person who wants nursing or social work CE credit. Check should be made out to the Alabama Public Health Association. Charge for replacement certificates is \$5.50.