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Alabama Department of Public Health
Bureau of Professional and Support Services
Program Attendance
The Evolution of Social Work Ethics

June 15, 2016

THIS SECTION MUST BE COMPLETED FOR CE TO BE AWARDED

Site Facilitator: _____ Location (**city and state** where program was viewed): _____, Alabama
Agency or County Health Dept (**no abbreviations**): ADPH- Office of Clinical Management & Practice, Division of Social Work

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.