

**Alabama Department of Public Health
Bureau of Professional and Support Services**

Satellite or Webcast Program Attendance Sheet

August 1, 2014

Care Coordination with Children Using a CPAP/BiPAP Machine:
An Update for Alabama Department of Public Health Social Workers

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)	DISCIPLINE (RN, SW, RD, etc.)	LICENSE NUMBER	ADDRESS (for mailing certificates)

Send completed Program Attendance Sheets and Evaluations to: Bureau of Professional and Support Services, Suite 1010, Alabama Department of Public Health, PO Box 303017, Montgomery, AL 36130-3017. **FAXES NOT ACCEPTED.**
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.