Alabama Department of Public Health Bureau of Professional and Support Services

Satellite or Webcast Program Attendance Sheet

Motivational Interviewing in the Clinical Setting

ASNA Activity No: 5-91.869

Continuing Education for this Program not Available After: 08/31/2015

Location (city and state where program was viewed): _______Agency: _____

THIS SECTION MUST BE COMPLETED FOR CE TO BE AWARDED

Viewing Method (circle one): Day of Program or On-Demand Webcast Site Facilitator:			
Name of Participant	Discipline (RN, SW, RD, etc.)	License Number	Address
(<u>PRINT</u> clearly)	(RN, SW, RD, etc.)		(for mailing certificate)

ADPH Site Facilitator: Send completed <u>Program Attendance Sheets</u> and <u>Evaluation Summary</u> 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 <u>four weeks</u> for CE Certificate to be mailed.

Non-ADPH and Out-of-State Participants: FAXES NOT ACCEPTED. Send completed sign-in sheet and evaluation to above address. Allow <u>four weeks</u> for CE Certificate to be mailed. <u>NEW!</u> Charge for Nursing and Social Work CE. Enclose a check for \$17.50 for <u>each</u> person who wants CE credit. Check should be made out to the Alabama Public Health Association. Charge for replacement certificates is \$5.50.

Date Viewed: _____