Alabama Department of Public Health Office of Clinical Management and Practice Program Attendance

Title X Final Rule-Family Planning Compliance Requirements

ASNA Activity Number 5-91.19.34 Original Broadcast: 09/12/2019

Contact hours for this program not available after: 10/01/2020

	THIS SECTION MUST I	BE COMPLETED FOR (CE TO BE AWA	RDED CONTRACTOR OF THE PROPERTY OF THE PROPERT			
Site Facilitator:	te Facilitator: Location (city and state where program was viewed):						
Agency or County I	Health Dept (<u>no abbreviations</u>):						
	Name of Participant	Discipline	License	Address			

Date Viewed	Name of Participant (<u>PRINT</u> clearly)	Discipline (RN, SW, RD, etc.)	License Number	Address Only Required if CE Certificate is to be Mailed

ADPH Staff: Return to the County/Area Site Facilitator.

Site Facilitator: Send completed Program Attendance Sheets and Evaluation Summary to: Office of Clinical Management and Practice, 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. 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 <u>four weeks</u> for CE Certificate to be mailed. Enclose a check for \$17.50 for <u>each</u> 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.