PROGRAM ATTENDANCE SHEET

Program Name: HIV and the Rural Health

Date of Original Program: September 28, 2011 Date Viewed: Location:		Viewing Method: Day of Program or On Demand Viewing Site Facilitator: Note: Be sure to complete all the requested information							
					PARTICIPANT'S NAME as it appears on the Professional License (please PRINT clearly)	DISCIPLINE Social Work	LICENSE NUMBER	AGENCY NO ABBREVIATIONS	ADDRESS

ADPH Site Facilitator: Send **completed** <u>attendance sheets</u> and <u>evaluation summary</u> to Maury West, Bureau of Professional and Support Services, Suite 1010, Alabama Department of Public Health, PO Box 303017, Montgomery, AL 36130-3017. Return social work test if the program was viewed as tape-delayed.