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

## Over the Ethical Rainbow: Providing Services and Support for LGBTQ Populations

ASNA Number 5-91.16.55 Original Broadcast: 10/24/2016

Contact hours for this program not available after: 10/31/2017

	THIS SECTION MUS	ST BE COMPLETED FOR (	CE TO BE AWA	ARDED	
Site Facilitator:	Loca	Location (city and state where program was viewed):			
Agency or County Healt	h Dept ( <b>no abbreviations</b> ):			<u> </u>	
	Name of Participant	Discipline	License	Address	
Date Viewed	(PRINT clearly)	(RN, SW, RD, etc.)	Number	Only Required if CE Certificate is to be Mailed	

Date Viewed	Name of Participant (PRINT clearly)	<b>Discipline</b> (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.