

**Alabama Department of Public Health
Office of EMS**

Satellite or Webcast Program Attendance Sheet

911 Buddy Check Project: Changing the Stigma of Mental Health

THIS SECTION MUST BE COMPLETED FOR CME TO BE AWARDED
Date Viewed: _____ Viewing Method (circle one): Day of Program or On-Demand Webcast

PARTICIPANT'S NAME as it appears on the license (please print clearly)	LICENSE NUMBER	AGENCY	EMAIL ADDRESS (please print clearly)

Send completed Program Attendance Sheet and Evaluation to: Office of EMS, Suite 1100, Alabama Department of Public Health, PO Box 303017, Montgomery, Alabama 36103-3017.