

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

Satellite or Webcast Program Attendance Sheet

Ebola Response in West Africa: My Experience

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.
