

PLEASE KEEP THIS SIGN-IN SHEET FOR YOUR RECORDS

DO NOT SEND THIS FORM TO THE BUREAU

Local Site Coordinator: _____

Bureau of Home and Community Services
Alabama Department of Public Health
201 Monroe St., Ste. 1200
Montgomery, AL 36104

Agency Name: _____

Name: _____

Agency Address: _____

Phone #: _____

“Providing Oral Care in Home Care”

November 14, 2012

Sign-In-Sheet

Fax #: _____

Date Viewed _____

(If you did not attend the live satellite)

Name (Please Print)	Class/ Title	Program/ Department	County/ Bureau Site Code	Signature
John Doe	HHA/HA	HH/LC	616HH	John Doe

If necessary, make copies of this form. ADPH agencies must fill out all columns. Taping of this program is prohibited