

**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 #: \_\_\_\_\_

Fax #: \_\_\_\_\_

**“Caring for the Patient with Arthritis”  
December 7, 2010  
Sign-In-Sheet**

**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