## Alabama Department of Public Health Bureau of Professional and Support Services

## TB 101 For Disease Control Staff Part 1

ASNA Activity Number: 5-91.960 Original Date of Broadcast 12/11/2014

Continuing Education for this Program not Available After: 12/31/2015

THIS SECTION MUST BE COMPLETED FOR	<b>CREDIT TO BE AW</b>	ARDED Date \	Viewed:
Location (city and state where program was viewed):			cy (no abbreviations):
Viewing Method (circle one): Day of Program	or On-Demand Wel	ocast Site Fa	acilitator:
Name of Participant	Discipline	License Number	Address

Name of Participant (PRINT clearly)	<b>Discipline</b> (RN, SW, RD, etc.)	License Number	Address (for mailing certificate)
( <u>1 111111</u> 315411))	, , , , , , , , , , , , , , , , , , , ,		(i.e. maining estimate)

**ADPH Site Facilitator:** Send completed <u>Program Attendance Sheets</u> and <u>Evaluation Summary</u> to: Bureau of Professional and Support Services, 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. Include year retired.

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.