

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

**Satellite or Webcast Program Attendance Sheet**

Incontinence Associated Dermatitis

ASNA Activity No: 5-91.895

Continuing Education for this Program not Available After: 01/31/2016

<b>THIS SECTION MUST BE COMPLETED FOR CE TO BE AWARDED</b>		Date Viewed: _____
Location (city and state where program was viewed): _____		Agency: _____
Viewing Method (circle one): Day of Program or On-Demand Webcast		Site Facilitator: _____

Name of Participant ( <u>PRINT</u> clearly)	Discipline (RN, SW, RD, etc.)	License Number	Address (for mailing certificate)

**ADPH Site Facilitator:** Send completed Program Attendance Sheets and Evaluation Summary 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 four weeks for CE Certificate to be mailed.

**Non-ADPH and Out-of-State Participants: FAXES NOT ACCEPTED.** Send completed sign-in sheet and evaluation to above address. Allow four weeks for CE Certificate to be mailed. **NEW!** Charge for Nursing and Social Work CE. Enclose a check for \$17.50 for each person who wants CE credit. Check should be made out to the Alabama Public Health Association. Charge for replacement certificates is \$5.50.