## PROGRAM ATTENDANCE SHEET

## Alabama Department of Public Health Nursing Division ABN Provider Number: ABNP0387 ASNA Activity No: 5-91.503

CE Awarded: ABN Hours: 1.2 ASNA Hours: 1.0

Program Name: Recognizing the Nurse in Crisis Date of Original Program: March 11, 2009

Date Viewed: Viewing Method: Day of Program or Tape-delayed (circle one)

**Location (city and state where program was viewed):**Site Facilitator:

PARTICIPANT'S NAME as it appears on the Professional	DISCIPLINE (RN, SW, RD, etc.,	LICENSE NUMBER	AGENCY	ADDRESS
License (please PRINT clearly)	NOT Job Title)		NO ABBREVIATIONS	

**ADPH Site Facilitator:** Send completed <u>Program Attendance Sheets</u>, <u>evaluation summary</u> and <u>Alabama Board of Nursing Roster Report</u> to Kristi Mitchell, Bureau of Professional and Support Services, Suite 1040, Alabama Department of Public Health, PO Box 303017, Montgomery, AL 36130-3017. Nursing attendance must be uploaded to the Alabama Board of Nursing BEFORE this form is submitted.

**Non-ADPH Alabama Participants:** Send completed sign-in sheet and evaluation to above address. Allow <u>four weeks</u> for CE to be uploaded to ABN. **Out-of-State Participants:** Send completed sign-in sheet and evaluation to above address.

All Participants: Date viewed and location must be completed in order to receive CE credit.