Alabama Department of Public Health
Bureau of Professional and Support Services

On-Site Program Attendance Sheet

New Syphilis Screening Interpretation and Management for Clinician

ASNA Activity No: 5-91.687

Date of Program: _____ Site Facilitator: **Agnes Oberkor, MPH, MSN, RN, CRNP** Location: Montgomery, AL

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

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. **FAXES NOT ACCEPTED**