

PROGRAM ATTENDANCE SHEET

**Alabama Department of Public Health Nursing Division
 ABN Provider Number: ABNP0387
 ASNA Activity No: 5-91.446
 CE Awarded: ABN Hours: 1.6 ASNA Hours: 1.3**

Program Name: Pap Smear Guidelines Update

Date of Original Program: May 13, 2008

Date Viewed:

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

Location (Where the program was viewed):

Site Facilitator:

| 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 |
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ADPH Site Facilitator: Send completed Program Attendance Sheets, evaluation summary and Alabama Board of Nursing Roster Report 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 four weeks for CE to be uploaded to ABN.

Out-of-State Participants: Send completed sign-in sheet and evaluation to above address.