PLEASE KEEP THIS SIGN-IN SHEET IN YOUR RECORDS.

Local Site Coordinator:_____

Name:_____

Phone #:_____

Fax #:_____

Bureau of Home and Community Services
Alabama Department of Public Health
201 Monroe St., Ste. 1200
Montgomery, Al. 36104
(334) 206-2481-2664 Fax: (334) 206-7013

Agency Name: _____

Agency Address:_____

_____

"Caring for the Terminally Ill Patient"
November 5, 2008
Sign-In-Sheet

Name (Please Print)	Social Security Number	Class/ Title	Program/ Department	County/ Bureau Site Code	Signature
John Doe	*123-45-6789*	*HHA*	*HH*	*616HH*	*John Doe*

If necessary, make copies of this form. ADPH agencies must fill out all columns. Taping of this program is prohibited