

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

**Satellite or Webcast Program Attendance Sheet**

***Preconception Care: Tobacco Cessation***

ASNA Activity No: 5-91.810

Continuing Education for this Program not Available After: 09/30/2014

**THIS SECTION MUST BE COMPLETED FOR CNE TO BE AWARDED**  
 Date Viewed: \_\_\_\_\_ Location (city and state where program was viewed): \_\_\_\_\_  
 Viewing Method (circle one): Day of Program or On-Demand Webcast Site Facilitator: \_\_\_\_\_

PARTICIPANT'S NAME as it appears on the Professional License (please <b>PRINT</b> clearly)	DISCIPLINE (RN, SW, RD, etc., <b>NOT</b> Job Title)	LICENSE NUMBER	AGENCY <b><u>NO ABBREVIATIONS</u></b>	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. **DO NOT FAX.**  
**Non-ADPH Alabama Participants: FAXES NOT ACCEPTED.** Send completed sign-in sheet and evaluation to above address.  
**Out-of-State Participants: FAXES NOT ACCEPTED.** Send completed sign-in sheet and evaluation to above address. Allow four weeks for CNE Certificate to be mailed.