

PLEASE KEEP THIS SIGN-IN SHEET FOR YOUR RECORDS

DO NOT SEND THIS FORM TO THE BUREAU

Local Site Coordinator: _____

Bureau of Home and Community Services
Alabama Department of Public Health
201 Monroe St., Ste. 1200
Montgomery, Al. 36104

Agency Name: _____

Name: _____

Agency Address: _____

Phone #: _____

Fax #: _____

**“Caring for Difficult Patients”
March 9, 2011
Sign-In-Sheet**

Date Viewed

(If you did not attend the live satellite)

| Name (Please Print) | Class/ Title | Program/ Department | County/ Bureau Site Code | Signature |
|--------------------------------|-------------------------|--------------------------------|---|------------------|
| <i>John Doe</i> | <i>HHA/HA</i> | <i>HH/LC</i> | <i>616HH</i> | <i>John Doe</i> |
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If necessary, make copies of this form. ADPH agencies must fill out all columns. Taping of this program is prohibited