

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

Satellite or Webcast Program Attendance Sheet

Communicating With and For the Maternal and Child Health (MCH) Population: Issues and Challenges

ASNA Activity No: 5-91.694

Continuing Education for this Program not Available After: 06/30/2013

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| 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 PRINT clearly) | DISCIPLINE (RN, SW, RD, etc., NOT Job Title) | LICENSE NUMBER | AGENCY <i><u>NO ABBREVIATIONS</u></i> | ADDRESS |
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| <p>ADPH Site Facilitator: Send completed <u>Program Attendance Sheets</u> and <u>Evaluation Summary</u> to: Bureau of Professional and Support Services, Suite 1040, Alabama Department of Public Health, PO Box 303017, Montgomery, AL 36130-3017. DO NOT FAX.</p> <p>Non-ADPH Alabama Participants: FAXES NOT ACCEPTED. Send completed sign-in sheet and evaluation to above address.</p> <p>Out-of-State Participants: FAXES NOT ACCEPTED. Send completed sign-in sheet and evaluation to above address. Allow <u>four weeks</u> for CNE Certificate to be mailed.</p> |
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