

PROGRAM ATTENDANCE SHEET

**Alabama Department of Public Health
Nursing Division**

**ABN Provider Number: ABNP0387
ASNA Activity No: 5-91.394**

Program Name: Family Planning Protocol Update

Date: September 24, 2007

Location: Montgomery, AL

Site Facilitator:

PARTICIPANT'S NAME <small>as it appears on the Professional License (please PRINT clearly)</small>	DISCIPLINE <small>(RN, SW, RD, etc., NOT Job Title)</small>	LICENSE NUMBER	AGENCY	ADDRESS

Site Facilitator: Please send completed sign-in sheets, evaluations and summary 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.

Date uploaded _____