

**SATELLITE OR WEBCAST
 Program Attendance Sheet
 Alabama Department of Public Health Nursing Division
 ABN Provider Number: ABNP0387
 ASNA Activity No: 5-91.521**

Immunization Update 2009

ABN CNE Hours: 1.2

ASNA CNE Hours: 1 NP Pharmacology Hours: 1.2

THIS SECTION MUST BE COMPLETED FOR CN 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 NO ABBREVIATIONS	ADDRESS

ADPH Site Facilitator: Send completed Program Attendance Sheets, evaluation summary and Alabama Board of Nursing Roster Report to: 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 document submission.

Non-ADPH Alabama Participants: FAXES NOT ACCEPTED. Send completed sign-in sheet and evaluation to above address. Allow four weeks for CNE to be uploaded to ABN.

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.