

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

Satellite or Webcast Program Attendance Sheet

Sleep Disorders

ASNA Activity No: 5-91.625

Continuing Education for this Program not Available After: _____

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 <u>NO ABBREVIATIONS</u>	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.