

Local Site Coordinator: _____

Bureau of Home and Community Services
Alabama Department of Public Health
2841 Neal Metcalf Road, Enterprise, AL 36330
(334) 393-5528 Fax: (334) 347-1769

Agency Name: _____

Name: _____

Agency Address: _____

Phone #: _____

Keep this Form in Your Subunit/Life Care Office

Fax #: _____

“BHCS Yearly Required In-service”
Date Viewed _____

Sign-In-Sheet

Name (Please Print)	Job Title	Program	County/Subunit Name	Signature
<i>John Doe</i>	HHA/HA	HH/LC		<i>John Doe</i>

If necessary, make copies of this form. All columns must be filled out.